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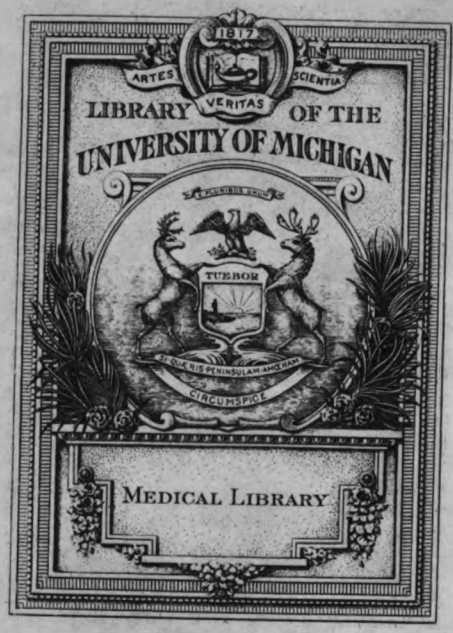

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TRANSACTIONS

OF

THE MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA

(THE STATE BOARD OF HEALTH)

ORGANIZED 1847—RE-ORGANIZED 1868

MEETING OF 1918

BIRMINGHAM, APRIL 16-19

MONTGOMERY, ALA.
THE BROWN PRINTING COMPANY
1918

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THE MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA

THE MINUTES OF THE MEETING OF 1918

FIRST DAY, TUESDAY, APRIL 16.

MORNING SESSION.

The Forty-fifth consecutive annual meeting, which makes the fifty-first annual meeting of the Medical Association of Alabama convened in the Hotel Tutwiler, at Birmingham, at 11:00 A. M., April 16, 1918, the President, Dr. W. D. Partlow, of Tuscaloosa, in the chair.

The President: Gentlemen, I hereby declare the forty-fifth consecutive annual session of the Medical Association of the State of Alabama now open for the transaction of such business as may come before it. The Rev. G. H. Williams, Rector of the Episcopal Church of Woodlawn, Alabama, will lead us in prayer.

Invocation by Rev. G. H. Williams.

The President: Dr. W. G. Harrison, the President of the Jefferson County Medical Society, will now formally welcome the Association on behalf of that body.

ADDRESS OF WELCOME.

Dr. Harrison:

Mr. President, Gentlemen: It gives me a great deal of pleasure to bring to you the greetings and hearty welcome of Birmingham. There are a good many reasons for stressing it just at this time. You are just as welcome in Birmingham as anybody could be in a dry town (laughter).

Last November three members of the county society came to me and said, "Harrison, next year we are going to have the Alabama State Medical Association and we want to make you President if you will promise not to make a damn fool speech,

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but I did not promise, so I am still safe. (Applause.) I'm a good deal in the state of the negro who came up before the exemption board and was asked if there was any reason why he should not go to war. He stammered and stuttered and said, "Yassir." "Have you anybody to take care of?" "No sir." "Have you anybody that you have to feed?" "No sir." "Is anybody dependent on you for their clothes?" "No sir." "Then what *is* the reason?" "Well, sir, when I see a lot of white men together I always git scared!" (Laughter.) For that reason I won't promise not to make that fool speech.

The conditions are different today from any meeting we have ever had. We had hoped to have a large meeting but we won't be disappointed if the number is very small. When our country went into the conflict Surgeon General Gorgas—thank God he is at the head; that man of great poise and wisdom—when Doctor Gorgas undertook the organization of the medical forces the State of Alabama furnished something like four hundred, and of those Jefferson county supplied ninety. They are doing good work, we are proud of them, and I am sorry we can't have more of them here.

Now comes the question, what are *we* going to do? At this time all roads lead to Rome—what are *we* going to do? The fellows at the front are doing their part well—what about us? Dr. Crile has recently published in the Journal of the American Medical Association a splendid little article indicating the attitude of the doctors who have gone into the army. "The medical man is earnest, he is honest; the medical man is first in the field; the medical man was the first to be wounded and the medical man was the first to be killed. The medical corps was the first to make up the full quota, the medical corps is the largest of all reserves, and the medical corps today is the most completely organized of all the Army." I feel that that is something of which we can all boast. (Applause.) Those fellows are going to do their duty—what are *we* going to do?

Medical men never can do anything spectacular. At the time of the Liberty Loan parade the other day when I saw those service flags passing, and the banners flying and heard the bands and all the "to do" of the parade, I felt sorry not to see a single doctor,—I felt they were not doing their part; they

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were not represented there as a profession. Just about the time the parade was over I went down to another office to call on a friend of mine and the doctor down there was busy treating an enlisted soldier. I didn't butt in but went to call on another doctor in another office; up there I found the doctor vaccinating a child and when he had finished I said, "Whose child is that?" and he replied, "I don't know, some little chap whose father is in the Army." (Applause.) After all, if we can't do spectacular things we can buy bonds and subscribe to the Red Cross and the Y. M. C. A., and tell the people that it is not corn bread that produces pellagra and thost things, and after all our best service will be rendered to the families of those who have gone. Enough doctors have gone to make it rather hard to look after all the poor people who have been left behind and it is our opportunity, and medical men won't fall short. (Applause.)

There is one thing I would like to mention and that is that when those fellows come home we must not forget our own standard of ethics. When they come back tired and worn we must see to it that the people who employed them before are going to employ them again. (Applause.) It is our duty to do this, to say, "He has been gone a long time but he has had a vast experience and is a better doctor today than he was before." (Applause.)

I don't know how the war is going to end. It is going on and there are going to be a lot of changes as a result of it. When they get through they are going to feel like the old maid who went through a tunnel. She had never been through a tunnel before and it was awfully dark and she was alone in a corner with a man. He had not seen her very well and somebody kissed her as they went through the tunnel. She was rather embarrassed when they got out, when somebody said, "This tunnel cost a million dollars," she said, "Well, it's worth it!" (Laughter.) There will be radical changes after this war; it will not be good form to murder women and children. It will not be good form to tear up precious treaties and call them scraps of paper. The word Schrecklicheit will no longer be a part of our language—thank God! My friends, we are glad to see you in Birmingham and hope you will have a good time. (Applause.)

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The President: It sometimes happens that doctors, when they get tired of the regular routine of practice and want a nice, easy place, go into politics. We are fortunate today in having such a doctor as the Chairman of the City Commission to welcome us on behalf of the City of Birmingham, Dr. N. A. Barrett.

Dr. N. A. Barrett: Mr. President and Members of the Medical Association of Alabama: I want to say that I don't believe I am to be congratulated so much on having found a soft place, and while I am trying to serve the City of Birmingham as a father as best I may, I can't help but feel as a woman did in one of the states that had just got equal suffrage. She came before the registrar and he asked her about her age, and about her address and quite a number of questions, which she answered promptly. After that he asked, "With what party are you affiliated?" This shocked her. She said, "Do I have to answer that?" "Yes." Do I have to swear to that?" "Yes." "Then I'm not going to vote because the party I'm affiliated with has not got a divorce yet." (Laughter.) I have not got a divorce yet from the party I was affiliated with before (applause), but I assure you, gentlemen, it gives me a great deal of pleasure to welcome you to the City of Birmingham.

I am saying nothing new when I say that we welcome you and welcome you gladly. I suppose there is not a man here who has not had glad welcome time and time again, and it is with real joy—real pleasure, that we greet you today as our guests. You have a right to glad greetings on the part of others because of the services you have rendered, and that is one of the reasons you are welcome today—because of the services you have rendered for the benefit of humanity. The gentlemen of the entertainment committee and the men and women of Birmingham will be glad to do anything they can to contribute to the pleasure of this occasion and the success of your sessions.

Dr. Harrison mentioned something a few minutes ago that did not seem to shock you. I know when men get away from home they like to relax, and he said something about our having a dry town. We have not a dry town—you won't find better, clearer water than that of the Benscott Springs when it breaks through. (Laughter.) If that does not satisfy you we

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can give you an amber fluid that will quench all thirst and cheer you—Ginger Ale! If you want something with a little more kick to it I will give you an inside tip. William Jennings Bryan was here recently and we were not willing to treat him any better than we are you, so we kept some of the grape juice. (Applause.)

I know that for you and me—because I know many of the members of the Medical Association of Alabama—there is bound to be some sadness at this meeting, because you will look over the group and note the absence of many of the closest friends you have made at this Association. They have given up their home and work and gone to the front, as Dr. Harrison told you. We are proud of these men. We can't tell what is going to happen to them, but we look forward with all confidence that they are going forward, each man to do his whole duty, and when the time comes that the final leap is made "over the top"—as we believe it will be made—as victory comes to the arms of the allies, and as the boys return home with Old Glory flying, I believe there will be no names in that roll that will shine with greater luster than those of some of the doctors who have gone,—members of the profession which you represent today. I thank you. (Applause.)

Dr. E. H. Sholl, the oldest member of the Association, and the oldest practicing physician in the State of Alabama, was at this point conducted to the chair while the President delivered his annual message.

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ANNUAL MESSAGE OF THE PRESIDENT.

W. D. PARTLOW, TUSCALOOSA.

Fellow Physicians: In assuming the duties of your presiding officer at this, the fifty-first annual meeting of the Medical Association of the State of Alabama, permit me now to express to you my sincere gratitude for the distinct honor you have conferred upon me. My emotions are moved as I am mindful of the trust and confidence reposed in me by you, my friends, my fellow physicians, in electing me to the place of greatest honor and distinction within the gift of the Medical profession of Alabama.

By established custom and by constitutional provision it is the duty of your President to deliver to the Association in annual session a message relative to its interests, objects, and activities. I shall now undertake, with your indulgence, to discharge this duty.

Fiftieth Anniversary.

It is but fitting we should be reminded that we are now closing the half century of the life of this Association since its reorganization in 1868. As we now, by fifty years retrospection, have a vision of a small group of men just emerged from the trying years of the Civil War, gathered in Selma, Alabama, not daunted or discouraged by the hardships endured in service in a cause they cherished but lost, cheerfully accepting defeat, but in keeping with the spirit of the day, rebuilding upon the ashes of a long destructive war, gathering up the few fragments of the old in the reconstruction of this Association, our emotions are stirred with mingled pathos and admiration. The heroism of those patriots is held up sacredly before us now as we, in beginning the second half century, are called upon to emulate their patriotic examples. These men have passed to their reward. We can best honor them by continuing to build well on the foundation they so wisely laid.

Interests and Activities.

All other interests at present are almost entirely overshadowed by the one which not only concerns us as physicians but

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also excites our immediate response as it does every patriotic, liberty-loving citizen of this, our country, whose traditions and institutions stand for freedom. Our overwhelming concern and interest in this, the most serious crisis, the severest and most critical test to which our country and all democratic principles have ever been subjected, is sufficient excuse for me to here depart from precedent and devote this time to a discussion *of our patriotic professional duty to our country.*

Before entering into this discussion, however, permit me merely to refer to, and enumerate, a few of the other objects which the Association has been serving, and by which the public is being benefited. Our public health administration has had great opportunity to be benefited and strengthened by many Government activities working jointly with the State Health Department, notable among which are: A survey of the trachoma situation at Camden, Wilcox county; milk inspection established in Montgomery, Anniston, and Tuscaloosa, with a hope of pasteurizing plants at these places; rural sanitation begun in the counties where all-time health officers have been provided, including the counties of Walker, Tuscaloosa, Talladega, Elmore, Jefferson, Calhoun, Montgomery, Pickens, Choctaw, Madison, and Dallas. Probably the greatest object lesson, in a public health way, that has come to us has been the work of the United States Public Health Service in cantonment and extra-cantonment sanitation about Camps Sheridan and McClellan. These demonstrate the practicability of making a city and surrounding zone clean and safe to human life and health.

Only lack of funds now prevents our State from availing itself of a generous offer of the Rockefeller Foundation, which proposes to donate annually $10,000.00, and furnish a public health expert to work with and under the direction of our State Health Department for special public health purposes, provided our State appropriates an equal amount for the same special object.

I purposely refrain from recommendations on which there might be difference of opinion in this Association at this time, when it is not only a necessary policy that every organization and institution, but also the entire citizenship of the country, stand united behind one purpose—forgetting for the time, till that one object is attained—that there has ever existed a differ-

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ence of thought or division. But, notwithstanding this, I urgently recommend that our next legislature be petitioned and persuaded, if possible, to appropriate annually a sum for public health and sanitation commensurate with the needs of this department in its undertaking to keep pace with the other sections of the country in promoting, preserving and protecting the health of our people. At least let us remind our legislators that it is as important a function of State to provide for the protection of life and health of human beings looking even to perpetuation and improvement of the race physically and mentally as it is a duty of a State to protect its live-stock against disease.

Although during the period of the war we have not time nor inclination to turn aside from the one purpose which engages the concentrated thought and devotion of every worthy son,—you will pardon the digression for the prediction that coming out of this war, and the lessons it will teach as to health, sanitation, and physical development of the millions of young men whom the country is selecting to serve it, there is going to be an awakening and changing of standards; our country is going to hereafter recognize as its greatest asset its men of healthy body and brain, and as its greatest liability its weakling and degenerate; and pursuant to this national awakening there will be a new era, the central government looking to the greater protection and development of its most valued possession—*man*—will evolve a more centralized, compact, unified scheme of public health, sanitation, physical and mental hygiene, so that there will be unification and coordination between the health departments of the various states,—the same efforts along the same lines toward the same ends prevailing alike in every county, village and hamlet in the United States, avoiding all conflicting schemes, lost-motion, duplication and divergence of effort. Understand I am only predicting by the trend and signs of the times, and am not advocating, pleading or recommending. Under this scheme there will be maintained and correlated under the central government health department a bureau on each of the allied branches of public health that may promote the physical and mental health of human beings. Each of these will be devoted to the highest type of research in its respective line, furnishing the same information to be administered in the same way through every state health department.

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For our State to keep abreast and be prepared for the new order of things a reorganization and expansion of our State Health Department should be planned immediately as a number of the other states are doing. We must include in the new organization a bureau of each: 1st, sanitary engineering; 2nd, rural sanitation; 3rd, public health nursing; 4th, epidemiology; 5th, social or venereal diseases; 6th, tuberculosis; 7th, child welfare; 8th, vital statistics; 9th mental hygiene and eugenics, and 10th, public health education, which will coöperate with general education in carrying information from all these bureaus through the public schools and county health departments to every child of the State. To do this an appropriation which would dignify health and life in Alabama rather than reflect discredit, as at present, is necessary—certainly not less than $200,000.00 per annum to increase with the growth of the work.

Efficient Medical Service Indispensable to Military Success.

But to what task should our profession address itself now? To the same task which engages the attention of every loyal, patriotic citizen—to winning the war for liberty and right against cruel might, for democracy and freedom against autocracy and oppression.

We may further ask ourselves for what special service is our profession best fitted to assist in carrying this conflict to an ultimate, favorable consummation? An answer, I think, is found in a review of history.

We know that so far as history carries us into the past it has been a fact that during war many more men have died of disease than have been killed and died of wounds. We know further that in some of the wars almost whole armies have been rendered ineffective, and not only worthless as a fighting force, but a burden and incalculable expense by reason of epidemics in camp. We have only to look back as far as the middle of the nineteenth century to find concrete figures which are appalling. In our army during the brief conflict with Mexico, 22 per cent of our men died of disease, 14 per cent were incapacitated for service on account of illness, while only 5 per cent were killed in battle or died of wounds.

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During the two years of the Crimean war the French army lost 23 per cent of disease, over 20 per cent were disqualified for service by illness, while only about 2½ per cent fell dead or wounded in battle. In the same war the British lost by death from disease about 20 per cent.

During our own Civil War the deaths from disease were more than double the number killed and died of wounds.

During the Franco-Prussian war of 1870-71 the French losses from disease vastly exceeded that from battle, while the Germans lost about an equal number from the two causes.

Not until the Russo-Japanese war of 1904-5 do we see the effect of modern military hygiene. The Japanese lost 8½ per cent to battle, and less than 4 per cent to disease, while the losses from disease in the Russian army were not quite so favorable.

Therefore, to comprehend fully the responsibility and opportunity of the medical arm of the service we have only to imagine our armies, and those of our allies, wholly deprived of or without this service with its present knowledge of specific causes and modes of transmission—as was the case in the wars of the past. Since, without this service we may safely say, judging from the past, that more than three times as many men would be lost to disease than would be lost to the enemy's guns, is it not a fair deduction that medical science and sanitation has three times as dangerous and powerful an enemy to combat as our armies have in their antagonists at arms, and that, therefore, the medical arm of the service has the vast opportunity and responsibility of being a greater factor in winning the war than the entire combined armies of the allies—including all other branches of service.

For, after all, it is not the greatest number of men enlisted that will win but the greatest number of physically and mentally *fit* for service and training, and kept so *fit* in health and mind as to perform the tasks laid upon them more efficiently than the enemy.

Medical service begins first in executing the selective draft, qualifying and inducting into service only the *fit;* 2nd, in recommending for discharge from the service those unfit who have by error been permitted to enter the service, or who have proven themselves mentally or physically disqualified; 3rd, to

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protect the army in camp and in field against disease by unwholesome food, water, or contact otherwise with infection—in fact a responsibility for suffering disease or death from any cause except the enemy's warfare. Then can you imagine one of the belligerents with a medical service perfectly and efficiently meeting these demands and performing effectively these various phases of service to its army, and the other with inefficient, or defective medical and sanitary service, lacking in strength of numbers, organization and equipment—the one keeping a maximum of its men at all times at the highest standard of health, vitality, and fitness for those tasks which test the physical prowess and courage of man; the other with a maximum of camp and army infection, epidemics, disease and death—leaving only a minimum for active actual service. Is it difficult to see the military advantages of the former, and the disadvantages of the latter—or would it be guessing to say which would win in war?

To what extent the medical profession of our country may contribute toward a favorable decision for ourselves and for freedom of the world of mankind can be seen plainly and truthfully in this hypothetical case. Really, gentlemen, as I view it, the medical and sanitary service of the allied armies is pitted against that of our enemies, and all other things being equal—the one succeeding best at protecting health, preventing disease, and rapidly restoring the wounded to the line for service will win. Then, medicine, as a profession, and as a science, is on trial in this war. If it fails—woe be unto us! If it performs the function entrusted to it—well done,—perpetuation of our own freedom won by the blood of our forefathers and extension of these principles of individual liberty to the oppressed peoples of the world—will be our reward.

Protecting Civil Population.

Does our responsibility incident to war, end with the war? Should we not look to the protection of the civil population during and following this war? Taking our bearings again for the future by the observations and experiences of the past we remind ourselves that epidemics, disease and death have followed the wake of armies since antiquity. The Plague of

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Athens 425 B. C. described by Thucydides, carried off more than 400,000. Rome had the same experience in 166 A. D., following a campaign in Syria,—this epidemic spreading west from Italy over Gaul where whole districts were depopulated—not leaving enough living to bury the dead. Following the first Crusade a pestilence is said to have broken out causing 100,000 deaths within two months. Each of the Crusades down to the seventh and last in 1270 A. D. were followed by pestilence, infection being spread broadcast over Europe by the soldiers of the disbanded armies.

In the latter part of the fifteenth century, immediately following the Expedition of Charles VIII to Naples, his army being disbanded in Naples, and the soldiers wandering back toward their homes, resulted in the greatest spread of syphilis, typhus fever, and other diseases the world has ever known. Resulting from this, during the first half of the 16th century along with the social unrest of that age, syphilis amounted to almost an universal pestilence throughout southern, central and western Europe, threatening the degeneracy of the white races. Again in the 17th century, following "The Thirty Years War" typhus fever, bubonic plague, dysentery and leprosy threatened the depopulation of Europe. The Netherlands, Saxony, France, England, and Italy, from these outbreaks, lost more than half of their population. Probably Germany suffered more than any other European country during the period immediately following the Thirty Years' War. This seems true, based on the mobidity in certain states of which we have exact figures. Saxony alone lost 934,000 in two years. In Bavaria 80,000 entire families were wiped out. The population of Wurtemberg decreased in one year from 444,800 to 97,300. Turkey, the lower Danube countries, Ukraine, Hungary—in fact all eastern Europe suffered likewise, principally from typhus fever following the many wars of the latter half of the seventeenth century. The French Revolution, Napoleon's campaign into Russia, and his war against Prussia, were followed by decimating pestilence—largely of typhus. The more recent wars have shown less of pestilence to follow in the civil population but even they have chronicled a marvelous fatality from smallpox, measles, typhoid, dysentery, and diarrhœa. These latter wars have been more or less local—leaving the running equilibrium of the rest of the world little disturbed, and by this

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reason it was easier to restore order and system in belligerent countries immediately following war. However, from the history, so far as we have it, we know that a period of pestilence, disease and death has always followed at the heels of armies, and that these are usually serious in proportion to the extent and duration of the wars, the degree of destruction, devastation and depletion of countries of the necessities in food, clothing, housing, and also the demoralization of civil, social, and political life. Now, while we can in this age boast of a greater knowledge of specific causes, of prevention, of sanitation, of immunity, etc., than any age before, yet some aspects of this war have not been seen in those that have gone before. *This is a world war.* If it should continue many years we do not foresee the extent to which it would deplete the world of foodstuffs, nor the degree of social and political disorganization, and unless there is a carefully worked out plan of readjustment and reconstruction, even in this age, pestilence following war may become a fact. Then the duty of all in civil practice of our profession is to study, plan for and forestall the chance of disaster.

During war the emotional excitement and agitation occasioned by the mind being subjected to experiences and influences incident to war, and to which the mind has been unaccustomed and untrained, is calculated to result in a drifting away from ideals, a relaxing of hold on standards and consequent demoralization of ethics—professional, business, social, and religious. This is the chief danger to civilization.

We, as an organized profession can do much in service for our country by assisting and coöperating with the various agencies promoted to maintain high standards, to carry forward sociologic endeavor and counteract the tendency to decay caused by war. While our fellows are making the great sacrifice for us all, we can not afford to do less than at least "keep the home fires burning." We must now think only of service which will redound to a common interest of the whole people of our country, then, we will be battling for our Flag, and the perpetuation and extension of the principles its represents—whether we be granted the special privilege of defending "Old Glory" at the front or holding her high to the breezes, diligently and tenderly protecting her from harm at home.

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"Dear Flag of our Country,
Whose stripes and whose stars
Call all her brave sons to defend her,
God help us to be true
To the red, white and blue—
Her principles never surrender."

Dr. Partlow resumed the chair.

The President: The next thing on the program is the report of the Senior Vice-President, Dr. W. C. Maples, of Scottsboro.

REPORT OF SENIOR VICE-PRESIDENT.

W. C. MAPLES, SCOTTSBORO.

Mr. President and Gentlemen of the Medical Association of the State of Alabama:

I am sorry that I cannot give the Association complete information as to the status of the county medical societies in the Northern Division; but I found it impossible to visit any of the county societies, which it was my intention to to. as I was county health officer, and because of that became a member of the local board for Jackson county to examine the men under the Selective Draft Act; and the reports of Secretaries who have made reports (several not making any report) are nearly all lacking in detailed information.

The President of the Association wrote me early in the year to urge the county societies to retain as members of the societies all the doctors who are in the army who were members when they volunteered for the service. In writing to the Secretaries of the county societies, I made the recommendation suggested by the President and asked each Secretary to inform me what his society had done about the matter. Only three Secretaries gave me any information about this matter, and so I cannot inform the Association as to what has been done to keep the doctors as members. My own society gave the money to pay the dues of the doctors who are in the army, and they are retained as members.

We are proud of the fact that a large number of the best men in our profession are giving their services to their country. Many of them are doing this at great personal sacrifice, and I think they

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should be retained as members as a mark of appreciation of their disinterested patriotism, if there were not many other reasons.

Owing to the fact that so many of our best men are in the service of their country in the army, and to the fact that the minds of doctors and of all other people are absorbed in the subject of the great war, on how to beat the Hun, whose fury and cruelty has astounded the world, the normal activities of our medical societies have been greatly disturbed.

One of the most important means of beating the Hun, of course, is the conservation of the health and vitality of our people; but more tangible things, such as food and fuel conservation, knitting socks and sweaters, much more strongly appeal to the average person; so if there is some falling off in the routine work of the societies, it is not necessarily an indication of indifference or decay. In addition to the great disturbance in change and feeling caused by the great war, a cataclysm so great that it staggers and bewilders the strongest and most sedate minds, of such vast proportions that it cannot be compared with anything else of a similar nature recorded, the doctors who have remained at home have been almost overwhelmed with work in attending to the sick; so it is to be expected that some of our work has not progressed as it would have under normal conditions. But it is obvious that the abnormal conditions present call for increased effort and more complete consecration of every member of the profession.

According to our view, and of every other free people, the principle we are fighting for is most sacred. We earnestly believe that our winning this conflict is necessary for the perpetuation of free institution in the world, and that being true, we should exert every particle of energy we possess to win; and let us hope that from the ashes of this world fire will arise a better civilization than the world has ever seen.

I submit herewith a tabulated report of the information I have received.

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REPORT AS TO THE STATUS OF THE MEDICAL SOCIETIES OF THE NORTHERN DIVISION FOR THE YEAR 1917.

	COUNTIES.	Number of members.	Number of non-members.	Increase of membership.	Decrease of membership.	Number of meetings held last year.	Average attendance.	Number of papers read.	Number of illegal doctors in county.	Number of prosecutions.	Increase of illegals.	Decrease of illegals.	Health Officer's salary.	Success in the collection of Vit. and Mort. Statistics.
1	Bibb	21	10	1	6	7	9	9	1	1			$ 400.00	Good
2	Blount													
3	Calhoun													
4	Chambers	25	4	2		4	50%	12					720.00	Good
5	Cherokee													
6	Clay													
7	Cleburne	8	3			5	5½		1				265.00	Fair
8	Colbert													
9	Coosa	15				2	5						360.00	Good
10	Cullman	27	5	4		12	25%	3					800.00	Good
11	DeKalb	20	15	1	1	4	9	9						Good
12	Etowah	39	11			12	10.6	6					800.00	Fair
13	Fayette													

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14	Franklin													
15	Jackson	21	8			4	8	4				2	600.00	Good
16	Jefferson	290	160			50	50	75					4,000.00	Good
17	Lamar	12	9	1	3	4	6	4					325.00	Good
18	Lauderdale													
19	Lawrence													
20	Limestone													
21	Madison	35	5			11	11.3	9	1		1		3,500.00	*
22	Marion	15	11		5	4	8	4	1			1	550.00	90%†
23	Marshall												800.00	Med.
24	Morgan	26	12		5	8	14	4						
25	Pickens													
26	Randolph	16	7		4	3	13	6					500.00	Good
27	Shelby													
28	St. Clair	20	4	1		4	6	2		1		1	400.00	Med.
29	Talladega	31	7	6	3	8	11.6	8	1	1		1	2,400.00	Good
30	Tallapoosa	31				4	12	20					580.00	
31	Tuscaloosa													
32	Walker													
33	Winston	11	1			4	4	8					260.00	Good

* Improving. †Report misleading.

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Dr. William F. Betts, of Evergreen, then read the report of the Junior Vice-President:

REPORT OF JUNIOR VICE-PRESIDENT.

W. F. Betts, Evergreen.

Mr. President and Gentlemen of the Medical Association of the State of Alabama:

As I was not present when you saw fit to elect me Junior Vice-President of this Association I wish to take advantage of this opportunity to express my appreciation of the honor conferred upon me by you, for I consider it a great honor to hold any office in the Medical Association of this state, especially that of a Vice-President.

As you all probably know there are thirty-four counties in the Southern Division, and to visit each of these counties would require more time than a man in active practice could spare from his professional duties and so I made no attempt to visit any of the societies. The welfare of a society depends to a great extent upon the zeal and ability of its secretary, and without a good secretary it is almost impossible for a society to prosper to the fullest extent. Of course without the coöperation of the members a secretary is helpless, but an efficient secretary is a jewel of great price and a "rara avis." I can say this without reflecting upon anyone, as I have been the secretary of Conecuh county for several years, and the reports of the Vice-Presidents almost always place my county among those that could be considerably improved without over-topping every county in the state. On account of the number of physicians joining the Medical Reserve Corps, among whom some I suspect were secretaries of the societies, the reports from a number of counties were not received, although I asked the secretary of each society to hand or mail the report I sent him to his successor in case he was no longer in office.

As so many counties failed to report I will not attempt to classify the societies as many of my predecessors have done, but will hand in a tabulated statement of conditions as reported by the secretaries of the various counties.

I judge that the conditions are about as usual; some counties in good condition, some in poor and some alive but barely so.

I give some of the reports as given by the secretaries under the remarks on the "General Condition of the Society":

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Perry—Just about dead.

Greene—Very little interest manifested. Society held together by prospects of county health officer's salary, some of those having held the office having lost all interest.

Elmore—Society in fine condition; splendid enthusiasm; all-time health officer doing good work with hearty coöperation of doctors and citizens.

Barbour—Good.

I hope next year that I will have better success in obtaining reports and that every county in my division will be represented. I assure you that I will make a more diligent effort to accomplish this end and ask all of the physicians here in the Southern Division, especially the Secretaries, to aid me in my efforts.

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REPORT AS TO THE STATUS OF THE MEDICAL SOCIETIES OF THE SOUTHERN DIVISION FOR THE YEAR 1917.

	COUNTIES.	Number of members.	Number of non-members.	Increase of membership.	Decrease of membership.	Number of meetings held last year.	Average attendance.	Number of papers read.	Number of illegal doctors in county.	Number of prosecutions.	Increase of illegals.	Decrease of illegals.	Health Officer's salary.	Success in the collection of Vit. and Mort. Statistics.
1	Autauga													
2	Baldwin	12	4			4	4		2	2		2	$ 600.00	Good
3	Barbour	21	3		6	5	8	6					500.00	Good
4	Bullock													
5	Butler													
6	Chilton													
7	Choctaw													
8	Clarke													
9	Coffee	16	7	6	1	11	8	10					600.00	Fair
10	Conecuh	15	2		2	1							400.00	Fair
11	Covington	28	1	1	1	12	6	8					600.00	Good
12	Crenshaw	14	7		1	12	5	12					500.00	Good
13	Dale													

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14	Dallas													
15	Elmore	24	1	1		8	14	14					2,100.00	Good
16	Escambia													
17	Geneva	34	7	2	4	4	11	8					600.00	Good
18	Greene	9	6		1	3	5.3						440.00	Fair
19	Hale	14	4		2	4	5						480.00	Fair
20	Henry													
21	Houston													
22	Lee	18	4	1	4	4	6	4					500.00	Fair
23	Lowndes													
24	Macon													
25	Marengo													
26	Mobile	63	45	6	4	25	10.5	6					1,593.00	Fair
27	Monroe	19	7			2	14						518.00	Fair
28	Montgomery	68	32		1	38	18							Yes
29	Perry	8	4		2	2	4	1	1				750.00	Good
30	Pike	21	8		5	12	12	12					540.00	Good
31	Russell													
32	Sumter	15	10		3	5	6	2					600.00	Fair
33	Washington													
34	Wilcox													

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The Secretary, Dr. Henry G. Perry, of Montgomery, then made his report, as follows:

REPORT OF THE SECRETARY.

H. G. PERRY, MONTGOMERY.

The Secretary respectfully submits the following report:

Your Secretary has performed, to the best of his ability, all the duties imposed upon him by the Constitution.

All communications have received prompt attention.

In conjunction with the Biographical Department of the American Medical Association an effort was made to correct the directory of physicians published in the last Transactions so that the given names should appear in full and the correct record as to dates and colleges of graduation. Members are requested to notify the Secretary if any inaccuracies have occurred. Many do not realize that a complete and accurate record is oftentimes of great value to the member. Frequent calls are made upon the Secretary for information along these lines. All members are especially requested to notify the Secretary whenever they change their postoffice addresses.

Requests from libraries, insurance companies and others are constantly coming to the Secretary for copies of the Transactions. He is often asked to supply missing volumes in files. Volumes for the years 1891, 1901, 1904 and 1909 are almost exhausted. Members having duplicate copies for the years mentioned are respectfully requested to donate them to the Association. The Secretary will very gladly pay the postage on such donations.

This office is advised at frequent intervals of those members to whom commissions in the Medical Reserve Corps are tendered, but there is no way to know when these commissions have been accepted and when such officers actually enter active military service. For purposes of record it is requested that every medical officer who is a member of this body notify the Secretary of the beginning of his service.

Since the last meeting the following Counsellors have died: Drs. W. H. Sanders and George T. McWhorter, Life Counsellors; Dr. H. W. Blair, Senior Counsellor; Drs. S. P. Hand and J. T. Haney, Junior Counsellors.

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Dr. E. B. Ward has resigned. None has removed from their Congressional Districts. All Counsellors-elect have signed the pledge and paid their dues.

The following expenses have been incurred:

Express	$ .73
Drayage	1.00
Clerical Assistance	20.00
Postage	20.00
Issuing Annual Programs	61.00
Total	$102.73

Dr. Perry also read a telegram from Dr. Franklin Head Martin regarding a meeting of the Committee of the Council of National Defense, a telegram from Major F. F. Simpson stating that he would be pleased to address the Association in regard to the enlistment of more physicians; a communication from the League to Enforce Peace, announcing that the next meeting would be held in Philadelphia, and a letter from Dr. George H. Simmons, Secretary of the American Medical Association, regarding the call for 5,000 additional medical men needed in the service.

The report of the Publising Committee was then read by Dr. H. G. Perry.

REPORT OF THE PUBLISHING COMMITTEE.

There were 1,600 copies of the Transactions for 1917 published. These were distributed as follows:

To members of county societies	1,290
To Counsellors	132
To Delegates	96
To correspondents	5
To exchanges and complimentary copies	43
To deposited with State Health Officer	34
Total	1,600

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A careful review of the publication discloses a few typographical errors, most of which are chargeable to the Secretary.

Respectfully,

(Signed) H. G. PERRY,
HENRY GREEN,
S. W. WELCH.

Dr. Jacob U. Ray, of Woodstock, then read the report of the Treasurer.

REPORT OF THE TREASURER.

JACOB U. RAY, Treasurer,

In Account With

THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

April 17, 1917. To Cash on hand as per last report (See Transactions 1917, page 29) ..... $ 191.67

To cash received from following Counsellors:

1917.		Apr. 7.	J. M. Austin
Mar. 20.	B. F. Bennett	Apr. 7.	S. P. Hand
Apr. 4.	W. S. Britt	Apr. 7.	Henry Green
Apr. 6.	W. H. Wilder	Apr. 7.	H. J. Sankey
Apr. 6.	J. N. Baker	Apr. 7.	J. G. Palmer
Apr. 6.	C. A. Thigpen.	Apr. 9.	W. C. Maples
Apr. 6.	R. L. Hughes	Apr. 9.	W. D. Gaines
Apr. 6.	J. D. S. Davis	Apr. 9.	W. B. Hendrick
Apr. 6.	D. F. Talley	Apr. 9.	J. R. Horne
Apr. 6.	W. J. McCain	Apr. 9.	W. M. Cunningham
Apr. 6.	W. D. Partlow	Apr. 9.	B. B. Sims.
Apr. 6.	L. R. Burdeshaw	Apr. 9.	F. A. Webb
Apr. 6.	S. W. Welch	Apr. 9.	L. E. Broughton
Apr. 6.	W. R. Jackson	Apr. 9.	E. G. Givhan
Apr. 6.	J. S. Crutcher	Apr. 10.	W. E. Morris
Apr. 6.	J. N. Furniss	Apr. 10.	W. H. Oates
Apr. 6.	N. T. Underwood	Apr. 10.	H. P. McWhorter
Apr. 6.	W. S. McElrath	Apr. 10.	S. A. Gordon
Apr. 6.	E. M. Prince	Apr. 10.	L. C. Morris
Apr. 6.	A. L. Harlan	Apr. 12.	D. L. Wilkinson
Apr. 7.	H. W. Blair	Apr. 12.	M. C. Schoolar

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Apr. 12.	C. S. Chenault	Apr. 19.	M. S. Davie
Apr. 12.	P. M. Lightfoot	Apr. 19.	W. M. Faulk
Apr. 12.	C. A. Poellnitz	Apr. 19.	A. D. James
Apr. 12.	J. T. Haney	Apr. 20.	J. C. McLeod
Apr. 13.	H. T. Heflin	Apr. 23.	A. J. Peterson
Apr. 13.	J. S. McLester	1918.	
Apr. 13.	W. F. Betts	Apr. 10.	J. P. Stewart
Apr. 16.	J. O. Kennedy	Apr. 10.	J. U. Ray
Apr. 17.	J. L. Gaston	Apr. 11.	W. W. Harper
Apr. 17.	A. N. Steele	Apr. 11.	E. M. Harris
Apr. 17.	O. S. Justice	Apr. 15.	W. O. Collins
Apr. 17.	H. S. Ward	Apr. 16.	E. B. Ard
Apr. 17.	G. L. Gresham	Apr. 16.	C. A. Mohr
Apr. 17.	P. T. Fleming	Apr. 16.	F. A. Lupton
Apr. 17.	T. J. Brothers	Apr. 16.	M. L. Molloy
Apr. 18.	J. M. Watkins	Apr. 17.	W. T. Pride
Apr. 18.	W. P. McAdory	Apr. 17.	J. L. Bowman
Apr. 18.	S. G. Cardon	Apr. 17.	R. S. Hill
Apr. 18.	J. D. Bancroft	Apr. 17.	M. D. Smith
Apr. 18.	R. L. Justice	Apr. 18.	J. W. McClendon
Apr. 18.	F. P. Petty	Apr. 18.	J. P. Turner
Apr. 19.	L. O. Hicks	Apr. 18.	C. L. Guice
Apr. 19.	S. F. Mayfield	Apr. 19.	J. D. Heacock

Total number paid, 86 at $10.00 ..... $860.00

Received from Counsellors-elect:

1917.

Apr. 28.	J. C. Martin
Apr. 28.	N. G. James
May 7.	P. V. Spier
May 11.	H. B. Disharon
Dec. 8.	F. L. Chenault

Total, 5 at $10.00 each $50.00

Cash received from delegates to Montgomery meeting, 1917, as follows:

Autauga—J. E. Wilkinson, Jr.

Baldwin—Joseph Hall.

Barbour—W. P. Copeland, G. O. Wallace.

Bibb—S. C. Meigs, M. C. Thomas.

Blount—D. S. Moore, C. L. Stansberry.

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Bullock—T. J. Dean.
Butler—A. L. Stabler, C. Wall.
Calhoun—R. T. McCraw, C. H. Cleveland.
Chambers—T. H. Haralson.
Cherokee—L. R. Stone, S. C. Tatum.
Chilton—J. P. Hays.
Choctaw—None.
Clarke—J. A. Kimbrough, J. G. Bedsole.
Clay—None.
Cleburne—L. R. Wright.
Coffee—B. J. Massey, W. A. Lewis.
Colbert—None.
Conecuh—W. M. Salter.
Coosa—J. E. Harden, A. K. Whetstone.
Covington—B. C. Stewart, J. C. McLeod.
Crenshaw—M. L. Morgan, F. M. T. Tankersley.
Cullman—J. C. Martin, Chas. Hayes.
Dale—J. L. Reynolds.
Dallas—J. M. Donald, B. B. Rogan.
DeKalb—L. McWhorter.
Elmore—J. S. Harmon, S. P. Moon.
Escambia—R. A. Smith, F. L. Abernathy.
Etowah—I. C. Ballard, John Shahan.
Fayette—None.
Franklin—Jas. Copeland, W. A. Gresham.
Geneva—M. E. Doughty, H. C. Riley.
Greene—None.
Hale—A. L. Nourse.
Henry—None.
Houston—R. H. Mooty, L. Hilson.
Jackson—A. Zimmerman.
Jefferson—C. W. Shropshire, Ira J. Sellers, A. A. Walker, W. F. Scott, Z. B. Chamblee, W. C. Gewin.
Lamar—None.
Lauderdale—A. A. Jackson, S. S. Roberts.
Lawrence—W. R. Taylor.
Lee—M. D. Thomas, C. S. Yarborough.
Limestone—None.
Lowndes—N. G. James, G. C. Marlette.
Macon—None.
Madison—E. V. Caldwell.

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Marengo—C. N. Lacey.
Marion—J. L. Wilson, D. M. Sizemore.
Marshall—None.
Mobile—J. M. Wilson, P. D. McGhee, J. O. Rush.
Monroe—J. J. Dailey.
Montgomery—M. B. Kirkpatrick, C. G. Laslie, C. H. Rice, F. W. Wilkerson.
Morgan—F. L. Chenault.
Perry—R. C. Hanna.
Pickens—A. M. Walker, E. B. Durrett.
Pike—L. R. Boyd.
Randolph—J. M. Welch.
Russell—W. T. Joiner, R. F. Elrod.
St. Clair—B. F. Smart.
Shelby—S. D. Motley.
Sumter—None.
Talladega—J. A. Sims, J. P. Chapman.
Tallapoosa—J. O. Griffin, E. W. Hart.
Tuscaloosa—M. Moody, J. J. Durrett.
Walker—G. W. Jones.
Washington—J. Chason.
Wilcox—E. E. Williams, P. V. Spier.
Winston—R. L. Hill, T. M. Blake.

Total, 96 delegates at $4.00 each $384.00

Received from county societies for 1917 meeting:

Autauga	$ 13.50
Baldwin	9.00
Barbour	36.00
Bibb	28.50
Blount	19.50
Bullock	21.00
Butler	19.50
Calhoun	49.50
Chambers	25.50
Cherokee	13.50
Chilton	22.50
Choctaw	16.50
Clarke	24.00
Clay	.....
Cleburne	12.00

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Coffee	24.00
Colbert	13.50
Conecuh	12.50
Coosa	15.00
Covington	39.00
Crenshaw	19.50
Cullman	34.50
Dale	19.50
Dallas	60.00
DeKalb	33.00
Elmore	30.00
Escambia	15.00
Etowah	51.00
Fayette	16.50
Franklin	12.00
Geneva	21.00
Greene	12.00
Hale	16.50
Henry	16.50
Houston	43.50
Jackson	30.00
Jefferson	400.00
Lamar	21.00
Lauderdale	30.00
Lawrence	.....
Lee	27.00
Limestone	16.50
Lowndes	7.50
Macon	10.50
Madison	40.50
Marengo	22.50
Marion	22.50
Marshall	.....
Mobile	82.50
Monroe	30.00
Montgomery	87.00
Morgan	39.00
Perry	13.50
Pickens	36.00
Pike	37.50
Randolph	28.50

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Russell	18.00	
St. Clair	28.50	
Shelby	27.00	
Sumter	22.50	
Talladega	39.00	
Tallapoosa	7.50	
Tuscaloosa	58.50	
Walker	34.50	
Washington	13.50	
Wilcox	24.00	
Winston	16.50	
Total		$2,087.00

Miscellaneous receipts:

Aug. 20. J. M. Dewberry	$ 1.00	
Aug. 29. Clinical Film Company	1.00	
Total		$ 2.00

RECAPITULATION OF RECEIPTS.

Cash on hand last report	$ 191.67	
Received from 86 Counsellors	860.00	
Received from 5 Counsellors-elect	50.00	
Received from 96 Delegates	384.00	
Received from 64 Counties	2,087.00	
Received from Miscellaneous	2.00	$3,574.67

LESS DISBURSEMENTS.

E. B. Ward, postage used as Vice-President	$ 1.50
Geo. A. Thomas & Co., premium on Treasurer's bond	8.00
Henry Green, expenses as President	20.00
H. G. Perry, Secretary, assistance, postage and sundries	20.00
Grand Theatre, use of building	50.00
Catherine Dent, services rendered Secretary	10.00
Western Union Telegraph Co., telegrams to President of the United States	1.20

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St. Louis Button Co., balance due on buttons	2.00	
Mercantile Paper Co., blackboard and chalk	4.25	
Brown Printing Co., sundry printing	138.11	
Brooks & Crawford, legal service	200.00	
W. G. Young, official stenographer	225.24	
R. H. Baird, dues refunded	8.50	
H. G. Perry, services as Secretary 1917-1918	400.00	
Catherine Dent, services editing Transactions	5.00	
Bertha Perry, services editing Transactions	5.00	
Brown Printing Co., 1,600 Transactions	1,878.75	
H. G. Perry, Secretary, postage on Transactions	20.00	
Rosemont Gardens, flowers Dr. Sanders' funeral	20.00	
J. U. Ray, Treasurer, salary 1917-1918	200.00	
Brown Printing Co., sundry printing	13.82	
J. U. Ray, Treasurer, postage account for year	5.40	
J. U. Ray, flowers for Dr. Sanders April 19, 1917	1.75	
Balance Cash on hand	336.15	$3,574.67

In my last report I called attention to the fact that the names of 346 members were on the different county society rolls who paid no state dues. I am very much pleased to report that this number the past year was reduced to 196 and believe the county societies will soon pay in full for every member carried on their rolls as being in good standing in the respective societies. Before closing my third report I want to take this occasion on thank the officers of the county societies for their coöperation in bringing up the county society dues to the amount which they have remitted.

The President: All these reports will be referred to the Board of Censors, as provided by the Constitution. We will now have the reports of the standing committees. That of the Committee on Tuberculosis comes first, so I will call on Dr. Glenn Andrews, the chairman.

Dr. Andrews: Due to lack of sufficient funds this committee has not been able to prosecute the work which it wished to do. Through the Legislature some years ago an appropriation of $42,000 was secured, but of this only $20,000 was obtained. An excellent piece of property has been purchased on which we hope to erect a splendid sanitarium for the treatment of these cases. It is our purposes to go before the Legislature

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and ask for an appropriation, and I would urge that a committee be appointed at this meeting to go before the Legislature and ask for this appropriation.

The report of the State Committee on Mental Hygiene, of which Dr. Partlow was chairman, was postponed until Wednesday.

Dr. W. S. Roundtree, Chairman of the State Committee on First Aid, read his report.

REPORT OF COMMITTEE ON FIRST AID.

W. S. ROUNDTREE, BIRMINGHAM.

Your Committee on First Aid is charged with the duty of informing the public as to facts concerning the conservation of the health and life of its people and the adoption of such measures as are known to contribute to that end.

The committee suggest that every possible means by which these facts may be brought before the public; by lectures and demonstrations in schools and in churches and wherever an audience can be secured; by the distribution of printed matter on the subject, and the publication of suitable articles in the public press.

The committee further recommends that First Aid to the Injured be taught in the public schools of the state in connection with physiology; that all mills, mines, and quarries as well as police and fire organizations be required by strict laws to have first aid corps and that everything be done in order to look into the problem of "Education for prevention of those diseases and accidents incurred by industrial workers.

Dr. J. N. Baker, Chairman of the State Committee on Medical Preparedness, was not present so his report was passed.

The report of the State Committee on Social Insurance was called for but the chairman, Dr. P. J. Howard, not being present the report was passed.

The President: We will now listen to the report of the Chairman of the State Committee on the Prevention of Blindness, Dr. S. L. Ledbetter.

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REPORT OF COMMITTEE ON CONSERVATION OF VISION.

S. L. LEDBETTER, BIRMINGHAM.

Mr. President and Gentlemen:

As chairman of the Committee on Conservation of Vision and Prevention of Blindness, I wish to make a very brief report.

The work done has been very small, in fact so insignificant that I would not present it, but feel that it is a courtesy which I owe our President, who did me the honor of appointing me chairman. The committee as an organization has done nothing. Personally, I have delivered one address before the Jefferson County Medical Society, with lantern slide illustrations. I feel also that I owe to the State Medical Association an apology for the apparent lack of interest of the committee in their work.

As you know, this work was being done under the auspices of the ophthalmic section of the American Medical Association, and before the announcement of our committee, I received a notice from Dr. Frank Allport, chairman of the Committee on Conservation of Vision of the American Medical Association, that on account of lack of appropriation for the work he had been forced to resign his position and that for the present the work would be discontinued. This resignation was presented to the ophthalmic section and accepted by it at its regular meeting in June, 1917.

The National Society for Prevention of Blindness, hearing of the situation, made a proposition to the American Medical Association to take over the work, retaining the existing committee intact, until such time as they might find themselves in position to handle the situation.

Having received no instructions as to plans of procedure I made no effort to organize for the work. In the meantime war conditions developed rapidly and began to make demands upon my time and energies.

You can readily see how a work which, under normal conditions, requires so much time and thought to make of it a success, would become quickly overshadowed by such momentous and strenuous times; and how hard it is to accomplish results in one line of work when there is a greater work of more pressing and vital interest to our country and to humanity, calling for help; immediate and continuous help. So I found myself in the position of trying to do the impossible: To plan a campaign for conservation of vision with

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my spare time all monopolized by questions pertaining to our national welfare.

However, I shall endeavor during the next year to organize the committee, and with the aid of the county health officers of the state, establish a system of public school inspection which may in time bring valuable results which will lead to other questions of vast importance along the conservation line.

Dr. Ledbetter: This committee has not accomplished a great deal this year and I wish the members would meet with me and have a talk and see what can be done in the way of having better work for the coming year. There are six members of this committee present and I would like to see all of them. I think quite a good deal can be done along the lines I have mentioned, although the work as we have been doing it under the auspices of the American Medical Association is at a standstill. When it was taken over by the National Committee we had no communication until a week ago when they asked for a report of the work done in this State. This is a result of circumstances and conditions due to the war. We have had no time to do the work as it should be done. I would also like to meet with as many of the health officers as possible because the work will have to be done with their coöperation.

Dr. Welch: I want to say to the chairmen of the special committees that if they work earnestly and maintain their organization against the time when we can do things I think they will have accomplished about as much as the Association can reasonably expect of them.

The President: I have been requested to announce that the Association has received an invitation from the Pastor of the First Methodist Episcopal Church of Birmingham to hear an address by William Jennings Bryan at that church at 2:45 this afternoon. Our afternoon session will be called at 3:00 o'clock and I dislike to make any announcement which will interfere with attendance here, but that is the invitation.

The Chairman of the Council on Pharmacy is now in active service, but we will have a report from one of the members of the committee, Dr. Mohr, of Mobile.

Dr. Mohr: I was not aware of the fact that Dr. Boyd had gone, and I must confess that I know of no work that this com-

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mittee has done in the past year, so all I can do is to ask the indulgence of the Association for the next year.

The President: I have received a telegram from Major J. S. McLester, Chairman of the Council on Scientific Study, stating that he cannot be present until tomorrow, so his report will be passed.

The Association adjourned for luncheon at one o'clock, to reassemble at three P. M.

FIRST DAY, TUESDAY, APRIL 16.

Afternoon Session.

The meeting was called to order by the President at 3:00 P. M.

Miscellaneous Business.

The Secretary: The representatives of the Committee on National Defense met at the close of the morning session. Acting under instructions from that committee, I move that we name five o'clock Wednesday afternoon as the hour at which we will be addressed by Major Simpson, and that all members of the Association and the public be urged to be present.

Motion seconded and carried.

Dr. M. Y. Dabney, Birmingham, read a paper entitled, "Tumors of Vulva." No discussion.

Dr. Arthur W. Ralls, Gadsden, read a paper on "Cæsarean Section as an Elective Operation: Case Reports." Discussed by Drs. J. M. Mason, Birmingham; F. A. Lupton, Birmingham; J. R. Garber, Birmingham; Dr. Ralls closing.

Dr. Samuel G. Gay, Selma, moved that the courtesy of the floor be extended to all visiting physicians.

Seconded and carried.

Dr. S. W. Welch introduced Dr. L. L. Lumsden, of the United States Health Service, to the Association.

Dr. Samuel G. Gay, Selma, read a paper entitled, "Hernia of the Urinary Bladder." No discussion.

Dr. John D. S. Davis, Birmingham, read a paper on "Lumbar Hernia." No discussion.

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Dr. J. M. Mason, Birmingham, read a paper entitled, "The Management of Sub-Parietal Injuries of the Kidney," and presented four lantern slides. No discussion.

Dr. W. C. Gewin, Birmingham, read a paper entitled, "Significance of a Lump in the Breast, and Its Treatment." Discussed by Drs. S. W. Welch, Montgomery; A. N. Steele, Anniston; E. P. Hogan, Birmingham; I. L. Watkins, Montgomery; W. C. Maples, Scottsboro; Dr. Gewin closing.

Dr. S. H. Welch, of Birmingham, offered the following resolution:

***Be It Resolved,* by the State Medical Association, That such steps as may be necessary be taken to remit the dues of all members now enlisted in the Army or Navy.**

The resolution was referred to the Board of Censors.

Dr. S. W. Welch: I wish to announce that the National Child Welfare Committee has an exhibit in Birmingham which is to be found in the old Sachs Building on the corner of 19th street and Second avenue. I was extremely anxious for this exhibit to be here at the time of the meeting of the Association, so all the dotcors of the State, especially those of us from the rural district, could see what was being done by the progressive people in the United State in child welfare work. I want you all to go there and look over the exhibit.

On motion the Association adjourned at 5:30 P. M., to meet again at 8:00 o'clock.

FIRST DAY, TUESDAY, APRIL 16.

Evening Session.

The meeting was called to order by the President at 8:15 P. M.

Dr. D. C. Donald, Birmingham, read a paper on "Surgery of the Prostate, with Special Reference to Local Anesthesia."

The President: I wish to assure all visitors that we are delighted to have them with us and shall be pleased to have

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them take part in the discussion of any papers that may be read. As this paper is so nearly allied to the next one on the program we will have it read, and then the doctors may have the privilege of discussing them both while they are on the floor. We are very fortunate in having with us tonight Dr. Oswald L. Lowsley, of New York.

Dr. Oswald S. Lowsley then read a paper entitled, "Embryology, Anatomy, Pathology and Surgery of the Human Prostate Gland," (illustrated with lantern slides). Discussed by Drs. Courtney W. Shropshire, Birmingham, and Joseph Colt Bloodgood, Baltimore; Dr. Donald and Dr. Lowsley closing.

Major James S. McLester, M. R. C., Birmingham, who was to have read a paper on "The Micro-Chemical Analysis of the Blood in the Diagnosis and Prognosis of Kidney Disease" was unable to be present, so his paper was passed.

Dr. J. A. Elliott, of Ann Arbor, Michigan, read a paper entitled, "The Treatment of Syphilis in Tubercular Patients." Discussed by Drs. O. S. Lowsley, New York; H. S. Ward, Birmingham; Dr. Elliott closing.

The authors of the following three papers were not present: "Abnormal Blood Pressure from the Standpoint of the General Practitioner," Dr. C. L. Salter, Talladega.

"Indications and Repair of Cranial Defects," Lieut. L. W. Grove, M. R. C., Tuscaloosa.

"Obscure Pellagra," Ross R. Mooty, Columbia.

(Dr. Mooty mailed his paper to the Secretary, and it appears in Part II of this volume.)

On motion the meeting adjourned at 10:45 P. M.

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SECOND DAY, WEDNESDAY, APRIL 17.

Morning Session.

The meeting was called to order by the President at 9:30 A. M.

The President: I know of no function that trascends that of public health. As individual physicians we have our duties; as an organization we have our responsibilities; as an organization in this State we have upon our shoulders obligations to people that there is no chance of shirking. It has been thought well for that reason to devote this session to the discussion of public health topics. Each address for the morning session, therefore, will be on public health. We have with us this morning a number of distinguished visitors and we also have with us our distinguished State Health Officer, a man who is thoroughly imbued with the importance of this function of public health. I will, therefore, first call upon Dr. S. W. Welch.

Dr. S. W. Welch: Mr. Chairman, Ladies and Gentlemen: The last time I faced an audience from this platform the conditions were somewhat different from what they are now. At that time the air was charged with electricity and I didn't know what to expect. I don't know whether the change is due to war in the East or peace at home, but I hope it is due to peace at home.

Dr. S. W. Welch, State Health Officer, then read his paper on "Public Health Administration in Alabama."

Dr. Oscar Dowling, State Health Officer, Louisiana, read a paper entitled, "What Are Pertinent Health Topics?"

Lieut. H. S. Mustard, U. S. Public Health Service, could not be present, so Dr. L. L. Lumsden of the same service, discussed the question of "Sanitation of the Small Towns and Rural Communities. No discussion.

The President: The hour of the day has almost arrived for the special order. Immediately preceding the Jerome Cochran address we feel it a duty, a privilege and a great pleasure to show a mark of respect for the patriotism of the members of this Association who have gone into the service of our country and are serving it now. With this in view we have

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planned the unfurling of the Service Flag, and I would like to ask that every member of the Association and visitor wearing uniform come forward at this time and stand in front with us.

Since the declaration of war and since it has become necessary and important that the medical service be recruited, there is probably no one who has been more active in recruiting the service than one of our distinguished members, Major J. N. Baker. I will call on Major Baker to say a few words for the members who have gone.

Major Baker: To serve—a small word, indeed; yet fraught today with more intrinsic meaning than the world has ever before known or dreamed of. The peoples of practically the entire civilized globe have consecrated not alone their fortunes and all material resources, but also that to which nations as well as individuals cling most dearly—their lives—to service.

And to what purpose and to what end? Surely, no conquest emanating from motives of a purely selfish nature or for territorial aggrandizement alone could ever have drawn into its mælstrom so many nations with such divergent interests and views.

No, the basic cause for this call to duty, which today is being answered the world over, is to be sought for and found not in such factors as these, which in years gone by, have loomed large in many national conflicts. As the true inwardness of this gigantic struggle is gradually unfolded; as the piercing rays of truth sink deep into the many nefarious schemes and dastardly political bickerings of our enemy, it becomes increasingly more evident that the real cause lies much deeper and strikes at the very root and fibre of national and individual existence.

A victorious Germany would mean a total abolition of the fundamental and basic principles of life; the utter relinquishing of those intangible, invisible forces upon which character, honor and holy worship rest. Might and material forces *must not* supplant right, and these homely yet primitive virtues must not vanish from the earth.

It is solely because of these great principles involved that our own peace-loving country has flung herself into the thick of this fight, and in so doing there has been granted to each of us

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—man, woman and child alike—an opportunity for service—for whole-hearted and self-effacing service—such as has never before been presented.

The response, on the whole, has been beautiful.

How our noble women, banded together in a thousand ways, have laboured to add to the comforts and pleasures of our soldiers; how the National Red Cross, the Young Men's Christian Association, the Knights of Columbus and divers other organizations have worked unceasingly for their physical and spiritual welfare; how the greatest financial and industrial brains of the nation have rallied to the call of duty; these things are familiar history to all of you and need not here be further dwelt upon.

But what of the response from the organized medical profession in this great crisis?

Many months before this country had formally declared war, our profession, foreseeing the inevitable trend of events, began a systematic campaign of mobilization of its forces. Long before our actual participation in the war, many of the strongest and ablest men of the profession, gave ready response to the plaintive wails of our distressed sister republics from across the deep and hastened to their rescue with fully equipped and highly trained hospital units thus rendering to suffering humanity a service impossible to compute.

The first American blood to be spilled on foreign soil was drawn from the veins of the medical profession. When war was actually declared—just one year ago this month—the strength of the medical corps of the regular army was less than 600; today it numbers over 20,000, with a dental reserve corps of 5,000. Embraced in this number are many—very many—of the most highly trained specialists in all branches of medicine and surgery, whose souls are fired by the impelling motive of simple duty and willing service.

As a result of the sacrifices which have been made—willingly made always, for a doctor should consider it not alone a *duty,* but a *privilege,* to be able to render succor and aid to those who are giving their lives to this cause—as a result, I say, of these sacrifices, America's battling boys, whether in Flanders fields or on our own soil, are assured the very best which medical science can afford.

This flag which today is being placed upon the altar of duty by the organized medical profession of Alabama, is one in

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which not alone should we glory and take pride, but it is one which, I feel safe in predicting, will redound to the everlasting credit of this great commonwealth.

Less than one year ago the representation of our profession as set forth on this flag was but a mere handful—twenty-three—today it numbers more than 400. Among its members are to be found the names of many representing the very best talent of which our profession can boast. They are found in practically every base hospital in this country and abroad, some of them occupying the most important and responsible positions.

And still, while we have given freely and the medical needs thus far have been amply met, the end is not yet. Should this struggle continue for years, which in all likelihood it may, the medical profession of Alabama, as well as of all other states, will be called upon to reckon the stars of its service flag, not in terms of hundreds, but possibly of thousands.

Yet, regardless of sacrifice, regardless of privation, of one fact I feel assured: the medical profession of Alabama, true to all tradition and heritage, will *not* fail.

If need me, in order to attain the purpose for which our beloved country has entered this conflict and in order to make the world a safer and more decent place in which to live, the efforts of this splendid organization should not cease—must not cease—until the name of *every* member is transcribed upon its service roll.

Then, and not until then, may we rest from our labors.

The large Service Flag containing over 400 stars was unfurled in the midst of great applause and while the Association stood and sang a stanza of "My Country, 'Tis of Thee."

The President: By established custom and by special order we have now arrived at the time for the Jerome Cochran Lecture. We have present today for our Jerome Cochran Lecturer one who needs no introduction. Probably no one has done more for the service of his country and for his profession than he. I have the very great honor of presenting to you Dr. George E. Bushnell, Chief of the Department of Internal Medicine, U. S. Army.

Major Bushnell: I am deeply impressed when I remember some of my colleagues who have had the honor of giving the Jerome Cochran Address, but I know very well that what

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brings you in today is not a desire to hear oratory or eloquence, but to learn something of what is being done for our Army.

Major Bushnell then delivered the Jerome Cochran Lecture.

(See Part II.)

At the conclusion of the address Dr. S. W. Welch, Montgomery, moved that a rising vote of thanks and appreciation be extended to Major Bushnell for the excellent address. Unanimously carried.

The President: I have been informed that Major Simpson will be compelled to leave the city at four o'clock this afternoon, so I will entertain a motion that the order to meet with the major at five o'clock be rescinded.

Dr. R. S. Hill, Montgomery, moved that this order be rescinded and that Major Simpson be requested to address the Association at once. Seconded and carried.

Major Simpson was then escorted to the platform by Major Seale Harris.

Major Simpson: Mr. President and Members of the State Society: The message to you will be a brief one. I trust that those who hear it will bear it in mind and carry it to the remotest corners of the State. Up to the present Alabama has contributed liberally to the Army forces and medical forces of the nation. You have already furnished 347 doctors for the M. O. R. C. The present conditions demand that you increase that to two hundred additional medical officers. Twenty-five are needed now for the Navy; about 175 will be needed later by the Army. You have followed current events with keen interest. You have observed the shameless treachery and deception which caused the overthrow of the Russian Government, and for a moment threatened the morale of the Italian Army. You have known of the repeated rumors of peace designed to check the transformation of the nation and especially of its industries from a war basis. You have heard of the rumors of intrigue in the German Army, of mutiny in the German Navy, and the rumors of famine among the people of Germany—all designed to make the Allies underestimate the strength of the enemy. You have seen the lie given that deception by the horde of huns now being poured out in solid formation against the Western front. You have heard and have not doubted the words of Premier Lloyd

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George, who stated that it is impossible to exaggerate the importance of rushing reinforcements across the Atlantic in the shortest possible space of time. Our hearts have been gladdened by the fact that preemptory orders were given by the President himself to concentrate all efforts upon the task of getting American soldiers to France. With bated breath you are now watching the wavering lines of the Western front—our hearts are filled with admiration and gratitude to the brave men who have checked the rush for four years on the Western front, but many of you did not realize the enormity of it until you read these words from the lips of General Haig. I quote:

"Three weeks ago today the enemy began his terrific attacks against us on a fifty mile front. His objects are to separate us from the French, to take the channel ports, and to destroy the British army.

"In spite of throwing already one hundred and six divisions (1,438,420 men) into the battle and enduring the most reckless sacrifice of human life, he has yet made little progress toward his goals.

"We owe this to the determined fighting and self-sacrifice of our troops. Words fail me to express the admiration which I feel for the splendid resistance offered by all ranks of our army under the most trying circumstances.

"Many amongst us now are tired. To those I would say victory will belong to the side which holds out the longest.

"The French army is moving rapidly and in great force to our support. There is no other course open to us but to fight it out.

"Every position must be held to the last man. There must be no retirement. With our backs to the wall, and believing in the justice of our cause, each one of us must fight to the end.

"The safety of our homes and the freedom of mankind depends alike upon the conduct of each one of us at this critical moment."

What does that mean to the doctors of Alabama? It means that if within this hour of peril you do your full duty, within a brief time two hundred and twenty-five additional doctors will have entered the service of the nation.

You naturally wish to know what is to be done with so many additional men. In that connection these pertinent facts stand out clearly. Some months ago the Secretary of War made

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the announcement that within a year a million and a half soldiers would be in Europe. Since that time the drive has come and the sending of soldiers has been speeded up. Prudence demands that for every soldier who goes to the front we must have at least an equal number in training at home and for every million soldiers there must be at least ten thousand medical men. With at least that meagre caution that means that three million will be in the fight and in training, and that will require many thousand more medical men. Of the twenty-two thousand medical officers about four thousand are not now available, for one reason or another, leaving about eighteen thousand that are available. It is clear then that if three million men are taken into the Army there will be a deficit of thousands of medical officers. That is not all,—our Allies need physicians and we must go to their support: In addition to that, if the Surgeon General is to meet his obligation he must have at hand a considerable surplus. It is just as essential for the needs of the Army that there be a surplus of medical officers as that there be a surplus of dollars in the bank. You all know what would happen if the banks of Birmingham were to let it be known today that the vaults were empty. The Army now needs five thousand additional doctors. It is clear from the trend of events that by the close of this year we must raise a minimum of ten thousand.

So you see, gentlemen, there is a real, definite task to perform. It is a task for the accomplishment of which all loyal medical men must strive together.

In closing, I ask you to take this brief message as a personal appeal, applying to your own individual case. Come into the service if you can. If for good and sufficient reason it is impossible, then make it your personal business to see to it that someone else does enter. Remember constantly that conscience will not down and that the man who stays at home will have upon him for all time the burden of proof to bear.

I look with admiration upon those splendid stars on the flag (pointing to the Service Flag) unfurled today, and trust that the radiance of each one will make an indelible impression upon our hearts and our souls, and make us realize that the medical profession of the nation will and must do its part to a man. I thank you. (Applause.)

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The President: It is now only twelve o'clock and as we are two papers behind on our program I am going to assume the privilege of extending the session at least until twelve-thirty. I now call upon Dr. C. D. Steelsmith, the All-time Health Officer of Tuscaloosa County.

Dr. Steelsmith read a paper on "Importance of Extra-Urban Sanitation Zone." No discussion.

Dr. Carl A. Grote, All-time Health Officer, Huntsville, read a paper entitled, "Public Health Administration in a County Unit." No discussion.

The authors of the following papers were not present:

"Coöperation of the Civil with the Military Authorities in Extra-Cantonment Sanitation," Captain F. E. Harrington, Epidemiologist, United States Public Health Service.

"The County Almshouse in Alabama," William W. Densmore, State Prison Inspector, Montgomery.

"Public Health from a Layman's Standpoint," Honorable W. C. Davis, Jasper.

The Association adjourned at twelve-forty-five to reconvene at three o'clock.

SECOND DAY, WEDNESDAY, APRIL 17.

Afternoon Session.

The meeting was called to order by the President at 3:15 P. M.

The President: Gentlemen, I wish to introduce to you Mrs. R. Dupont Thompson, Chairman of the Home Economics Committee of the Alabama Federation of Women's Clubs, who will speak to us for a few minutes.

Mrs. Thompson: Mr. Chairman, Gentlemen of the Association: I certainly appreciate this great courtesy on the part of your President. I had the pleasure of being here this morning and listened to two splendid addresses, and I noticed one thing—and that is that women have not a monopoly on talking. I don't know how you manage it, when probably most of you have been living with some woman for a good many years, to still know how to talk. I have been trying for

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some several years to talk against one man, and it has been a hard job, so I would not attempt to talk against the husbands of other women, *en masse* at any rate. I ask your careful attention to what I say.

In the first place, I represent the Alabama Federation of Women's Clubs, which stands for a good many good things in Alabama. The thing I am particularly interested in is the condition under which food is manufactured and sold, and I am here to ask your coöperation in securing a revision of our state food laws in the next sitting of the Legislature.

Perhaps you would be interested in knowing something about the way in which the food you eat is handled. In the first place, we have no pure food laws. For instance, the Federal Food Law says an article of food shall be deemed to be adulterated when it contains any adulterants which may be considered harmful to the health. When this was added it spoiled the law, because it placed upon the state the responsibility of telling how much you must be affected, whether you must be merely sick, or killed, or just inconvenienced in the running. When your own state law was written it was copied after the Federal law; consequently, it has the same defect. The law does require that the manufacturer must place on the package the contents, but you must know whether the thing is harmful or not. A great many people are not sufficiently informed and we must protect them. A short time ago I was to make a speech and the morning of the day upon which the speech was to be made I was suffering an acute laryngitis. A friend of mine told me to go to the druggist and get some "Great Andes" and I could make the talk. She said, "The baby was coughing terribly all day yesterday and I gave him a dose before I put him to bed and he didn't cough once all night." I said, "All right, I'll get it," and I did and I found by the label that it contained cocaine, opium, and a great many other similar things. When I saw what was in it I said to my friend, "No wonder the baby didn't cough—he was doped so he couldn't." We must protect such people by revising our laws.

Another thing about Alabama is that there is no adequate food inspection, one might say absolutely no food inspection; but I'll tell you what we have. We have four fertilizer inspectors going up and down the state ripping open sacks to see if

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they contain the proper things to make up good fertilizer. Why? Because the legislators who have gone before,—if they are dead I hope the Lord will have mercy on their souls—because they thought it better to conserve the productivity of the soil than they did to conserve the healthfulness of the food which we give our children.

Another thing we have in Alabama are food inspectors for stock. All the little calves and pigs and goats have their foodstuff inspected. The food we give our babies is not inspected and the legislators who have gone before have not shown any interest in that wonderfully important subject. There is not a word in the pure food law of this state concerning the manufacture and handling of food. A fly may trail its death-giving filth across the food of little children and nobody cares. That must be remedied at the next meeting of the Legislature. That is what I am here to do—to ask you to go back home and talk to your people and demand that the Legislature give us a new food law.

Another revision must be that any inspector of this state must first stand an examination on these subjects which will qualify him to keep this place of trust. In other words, it is going to be removed from politics. (Applause.) We do not propose that any man shall pay his political debt with that kind of public office if the women of Alabama have anything to say about this. I am tremendously interested in this, the Alabama Federation of Women's Clubs is tremendously interested in it. We feel and know, and you know, that the greatest asset of Alabama is our children. (Applause.) They must be protected. We are tremendously interested and we do earnestly implore your hearty support in this. When you go back to your homes do not forget this. I thank you most cordially. (Applause.)

The President: I am sure we have greatly enjoyed hearing about these matters and I would suggest that your Federation refer the whole matter to the State Health Officer, who will be active in assisting you along that line.

Pursuing the program, the first number is a paper, the title of which has been changed to "Trench Fever," by Lieutenant Maxwell Moody.

Dr. Moody then read his paper. No discussion.

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Dr. H. T. Inge, Mobile, who was to have presented a paper on "The Duties of a Physician and Surgeon to His State in the Time of War," was not present and Colonel Charles U. Dercle, of the French Army Medical Service, who was to have delivered an address on "Sanitation in France," could not be present, owing to orders.

Major J. N. Baker, M. R. C., spoke on "The Medical Profession and the War." Discussed by Major Bloodgood, Baltimore; Drs. S. W. Welch, Montgomery; H. G. Perry, Montgomery; W. H. Moon, Good Water; W. C. Maples, Scottsboro.

Major E. D. Bondurant, M. R. C., who was to have read a paper on "The Practical Importance of Psychiatry as a Part of the United States Army Medical Service" could not be present.

Major Seale Harris, M. R. C., addressed the Association on the necessity for more medical recruits.

Major Harris: I have never missed a meeting of this Association in twenty-five years and I have never attended a meeting that I did not learn something. It is a very great pleasure to be back here today and a particular privilege when I think of the fact that the probabilities are that I shall not be with you in a year from now. I have requested the Surgeon General to let me go to France. I do not know just when that time is going to be, but I want to go and I want to do my best for the soldiers over there. I feel very much like the sergeant who is told about in Washington—the General was passing down the street one day and saw a splendid looking fellow standing on the corner with tears running down his cheeks. The General stopped and said, "Sergeant, what are you grieving about?" He said, "Well, I've been a member of the regular army for fifteen years," and he pulled back his coat and showed medals. "I have been learning how to shoot and today I was called to Washington and told that I have been made a lieutenant, but the regiment that I have been with all these years has just left for France, and I can't have the opportunity of shooting at a German."

While I want to serve with you in every way I can there is just one regret, and that is that I won't have an opportunity of shooting one or more Germans before this war is over. There is no telling when this war will be over. In Washington they now appreciate the gravity of the situation. There is not the

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confidence that the Germans may not break through now and that they may not create damage that will keep us in this war for years to come. We must realize that this is *our* war,—your war and my war. We are fighting just as much for our women and children as the men in France and Belgium are fighting for their women and children. I had the pleasure recently of listening to an address by an officer who had just returned from Switzerland and he said that there was no question but that the Germans had planned as soon as they had conquered France and England they would strike South America and then us. We are fighting for our homes, gentlemen, and it is up to the medical profession more than to any other profession, to do their bit to save the lives of those men who are wounded in France.

I want to say this in regard to this question of getting into the Army—it is a burning question with all of us. I spent many sleepless nights before I decided to go. It is a question that each one of you must decide for himself. The time is coming, in my opinion, when every doctor in the United States will be commissioned or will be in the service of the Medical Reserve Corps of the United States Army. I don't believe there is going to be conscription of doctors, but it is coming this way. In the Council of National Defense the question is up of forming a service association, and thus have doctors who, on account of age or the fact that they are needed in their homes, will be given a service badge and people will know that they are in the service and that the Surgeon General can call on them. Others will be assigned to various places in civil life. The Surgeon General and his assistant do not want any section of the country to be without medical attention. The thing to do is to state the facts regarding your professional life, the facts regarding your dependents and the number of physicians in your locality, and let them decide whether you are needed there. I can assure you that everything that you send up to the Surgeon General's office will be given the most careful consideration. The Surgeon General's office is a large affair now, and he cannot attend to all the details of the work of his office personally. He has brought in men from various sections to look after the different divisions. There is a division of medicine, of surgery, of eye, ear, nose and throat, and genito-urinary diseases, and if any of you want to get into

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any special line of work write to the Surgeon General and tell him what particular line you wish and let him be the judge. You will be treated fairly.

In that connection I am reminded of the wonderful organization that has been built up by the Surgeon General. It is the greatest privilege that has been given me in my life to have the opportunity of seeing him occasionally at work. I will say to you that if Alabama has not done anything else than to give to the country the services of Surgeon General Gorgas she would almost have done her part in the winning of this war. (Applause.) When I see the way he handles things, and how he organizes things, and how simple and gentle and kindly he is, I want to say that in my opinion he is the greatest, broadest, and most useful man that America has ever given to medicine. (Applause.) The beautiful thing about it is his sincerity and devotion to the people of Alabama,—to the place where he was born and reared. He was born in Mobile, as most of you know, and reared in Tuscaloosa. I told him I was coming to Alabama, and asked him if he had any message to send and he said,—these are his exact words, "Give them all my love. I wish that I could be with them." That is his sentiment toward the people of Alabama, and the people of this state ought to rally to the Army if for no other reason than because that great Alabamian is at the head of the medical department. (Applause.)

In order to give you an idea of the work I will mention that in the base hospitals there are divisions for brain surgery, head surgery, bone surgery, general surgery and perhaps one or two others, a division for nose and throat, for genito-urinary diseases and for internal medicine and this department is also divided into different sections. We have in the base hospital at the different camps one man who has had special training in digestive diseases. The personnel is arranged at the office of the Surgeon General.

Major Harris then read a paper on "Gastro-Intestinal Diseases in the Army." No discussion.

The meeting adjourned at 5:45 P. M., to reconvene at the Jefferson Theatre at 8:00 o'clock for the public meeting.

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SECOND DAY, WEDNESDAY, APRIL 17.

Evening Session.

The meeting was called to order by the President at 8:30 P. M., at the Jefferson Theatre.

The President: Ladies and Gentlemen: We, of the Association have imbibed so freely of patriotic topics today that we are thoroughly carried away with the theme. It is one in which we all now feel deeply interested, and for this reason we will continue the program along the same lines this evening. We are very fortunate in having with us this evening some very distinguished visitors, one from our profession who probbably has done more to stimulate the sentiment of recruiting the medical service corps than any other man in the country. It gives me great pleasure to present to you Major Joseph Colt Bloodgood, of Baltimore. (Applause.)

Major Bloodgood, M. R. C., Baltimore, delivered an address entitled, "How Can We at Home Coordinate and Cooperate to Help Win the War."

The President: It is with extreme regret that I announce that Colonel C. K. Morgan, of the British Army Medical Service, who was to appear on the program this evening, was recalled to Canada this morning on account of a death in his immediate family. He was kind enough to leave with us his manuscript, and I will call on Major Seale Harris to read it to us.

Major Harris: Colonel Morgan asked me to express his great regret that he was called home on account of the death of his wife's father. Colonel Dercle, who was also to be here, was called to New York. The Surgeon General has taken the advice of everyone who is in position to tell of some method of improving the conditions in the Medical Corps of the Army, and is doing everything possible to perfect the Medical Corps. In order to profit by the experience of and avoid some of the mistakes of the British and French armies, he requested that an officer from each be assigned to his office. They are there and advise with the Surgeon General on any questions that may come up, and they have also helped in training the medical officers who are going to France. Colonel Morgan is quite a

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well-known man of the British Army, and I think the message which he left is worthy of your attention. I regret that you could not have the pleasure of his charming personality.

Major Haris then read Colonel Morgan's address entitled, "The British Army Organization for the Evacuation of Sick and Wounded."

The President: We have had brought to us eloquently through the afternoon and evening the situation as to our relation to the war. The medical viewpoint is serious, and we shall now see if the layman has as serious a viewpoint as we have. Alabama has many sons of whom we are proud. We have those who have served their localities, their communities, and those who have served Alabama as statesmen, and we have with us tonight one who has served not only his district, not only the State of Alabama, but whose services now extend to the United States. Who has done more for the interests of the South, and who is more generally known throughout this community than Tom Heflin? (Applause.) I am delighted to introduce to you the Honorable Congressman J. Thomas Heflin. (Applause.)

Congressman Heflin delivered an address on "Our Patriotic Duty in the Present Crisis."

(For address see Part II.)

The President: Just a moment, ladies and gentlemen. I am sure you will be glad to wait a very few minutes longer and listen to Miss L. Agnes Thompson, who wishes to speak to you in behalf of the Red Cross Nurses.

Miss L. Agnes Thompson: I don't intend to make a speech, but I want to ask the coöperation of the profession for the Red Cross Nursing Service. As you know, wherever the profession goes they need nurses, and in this war the Surgeon General has called upon us for more and more nurses, and we feel that we are sending a message to every nurse who is physically fit, telling her it is her duty to enroll for Red Cross military service. We want to ask the medical profession to encourage every nurse who is physically fit to enroll for this service,—not to discourage her by saying she is needed at home. We know that the doctors all need the nurses, but we ask them to teach the mothers and sisters to take care of the home folks and let our nurses go forward to nurse our

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soldiers, both at home and abroad. The nursing profession is the only one that can give the service which is necessary for our boys. (Applause.) So we are asking every medical man, not only to encourage our nurses to go forward, but also to encourage educated girls to go into the training schools, because they are for the nurses just what the training camps are for the men. I am sure that every man here by encouraging some nice girl to go into a training school and prepare for this work will be doing a patriotic duty. We also ask the medical profession to release as many nurses as they possibly can. We feel sure that they can release a good many. We know you need them, but in the hospitals one nurse can take care of two or three people and by encouraging your patients to do without this luxury—for private nursing is a luxury—you will be doing a great service. I ask your coöperation in encouraging nurses to enroll, and in sending this message to every nurse you know. Tell her if she is physically fit it is her duty to her country and her God to enroll and go forward to help our boys. (Applause.)

Adjournment.

THIRD DAY, THURSDAY, APRIL 18.

Morning Session.

The meeting was called to order at 9:30 A. M., by the President.

Dr. W. H. Moon, Good Water, presented the following resolution, which was passed by the American Medical Association at the New York meeting in 1917. He hoped the Alabama doctors would adopt it, as it pertained very much to the boys in the trenches:

"*Whereas*, We believe that the use of alcohol as a beverage is detrimental to the human economy; and

"*Whereas*, Its use in therapeutics as a tonic, or a stimulant, or as a food has no scientific basis; therefore be it

"*Resolved*, That the American Medical Association opposes the use of alcohol as a beverage; and be it further

"*Resolved*, That the use of alcohol as a therapeutic agent should be discouraged."

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These resolutions were in reply to a memorial sent to the American Medical Association at the 1916 meeting held in Detroit. The memorial was prepared and sent by the Medical Temperance Department of the National Woman's Christian Temperance Union. The memorial was referred to the Council on Health and Public Instruction of the American Medical Association for reply and the reply came as given in the resolutions.

As formulated by the Council on Health and Public Instruction of the American Medical Association the resolutions are somewhat stronger. This is the way they read as introduced by Dr. Frank Billings; chairman of the Council:

"*Whereas*, It is the unanimous opinion of the Council on Health and Public Instruction of the American Medical Association that alcohol has no drug value, either as a stimulant, as a tonic, or as a therapeutic agent, and that it has no food value; and

"*Whereas*, Its use as a beverage or as a therapeutic agent is detrimental rather than beneficial to the individual; therefore, be it

"*Resolved*, That the House of Delegates of the American Medical Association, at its sixty-eighth annual session, declares it is opposed to the use of alcohol by individuals either as a medicine or as a beverage; and be it further

"*Resolved*, That its use in medicine is permissible only in the preparation and preservation of pharmaceutical products."

The resolution was referred to the Board of Censors.

Dr. P. B. Moss, Selma, introduced a resolution pertaining to the Dyer bill, as follows:

"*Whereas*, This Association, composed of the representatives of the qualified medical profession of Alabama, is peculiarly qualified to appreciate the importance of certain legislation pertaining to the Medical Corps of the United States Army, now pending in Congress, and, being inspired by patriotic motives, wishes to see used every proper means by which this world's war may be most speedily ended.

"*Therefore, Be It Resolved* by the Medical Association of Alabama, now in annual session at Birmingham, that we heartily endorse the bill now in Congress which provides for increased rank for officers of the Medical Corps, this bill being known in the Senate as the

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Owen Bill and in the House as the Dyer Bill, and urge our representatives in Congress to use every proper means to secure its prompt passage.

"*Be It Further Resolved*, That the Secretary of this Association be instructed to promptly communicate to our representatives in Congress, the action of this Association on this resolution."

The resolution was referred to the Board of Censors.

Dr. S. H. Ward, Birmingham, read a paper entitled, "The Sin of Treating Symptoms." Discussed by Drs. Charles Murray Rudulph, Birmingham; Joseph Beck, Chicago; William G. Harrison, Birmingham; W. C. Maples, Scottsboro; Jerre Watson, Anniston; G. H. Fonde, Mobile; E. H. Sholl, Birmingham; Dr. Ward, closing.

The Secretary read the following resolution:

Be It Resolved, That the Medical Association of the State of Alabama memoralize our State Legislature at its next session, to make an appropriation of ($250,000.00) two hundred and fifty thousand dollars per annum, for the promotion and prosecution of public health work.

(Signed) S. L. LEDBETTER,
E. M. MASON,
Delegates from Jefferson County Medical Society.

The resolution was referred to the Board of Censors.

Dr. B. L. Wyman, Birmingham, moved that as a special order of business the Association be addressed by the Reverend George Eaves, Secretary of the Anti-Tuberculosis League. Seconded and carried.

Reverend Dr. Eaves: It is a very great act of temerity on my part to appear before this learned body, but I feel beforehand certain of your sympathy. I delight to know that you have in this gathering specialists upon tuberculosis, and I simply want to appear before you and offer my services as a very necessary bridge if tuberculosis is to be reached in a helpful way by the medical profession. After many years of experience it has become evident to me that the medical profession is almost helpless in the treatment of tuberculosis. It is almost wholly an etiological problem and in every community it is necessary to have laymen who are wide awake to

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the condition. I want, therefore, to offer to this august body the services of the Anti-Tuberculosis League of Alabama in promoting the work along this line in every town. I thank you for your service in promoting such work, and I want to call your attention to one particular thing—the necessity of such legislation as will permit the Health Officer to give his whole time to the service of the county and thus be a link between the people and the county.

The next thing is the necessity of having in every community a visiting nurse, and I offer the services of the Alabama League because it is able to show the need of the visiting nurses to take care of the cases in the home. It is a truism to say that tuberculosis can never be cured unless it is cured in the home. It will never be cured in the sanitarium.

Another thing that I want to draw attention to and ask your sympathy for is a matter which is germane to something that has been said here by a very great authority on tuberculosis. I mean the use of the school and the aim at preserving the lives of the children. We have in our hands today one of the best elements for service among children in what is known as the "health crusade." I would be glad if you would ask for data about the "health crusade."

I thank you for the opportunity of presenting these things and ask your generous coöperation, and if in any place I can be of any service towards the ends desired you will please command my attention. (Applause.)

The President read a communication containing greetings and best wishes from the Birmingham District Society of Dental Surgeons, who also sent a bunch of American Beauties.

The President: As a special order at this time I shall call upon Mrs. Chapel Corey, of Birmingham, who will talk to us for three minutes in behalf of the W. C. T. U.

Mrs. Corey: The fad of the day is the four-minute speech. It is the last word. Mr. H. Lauder tells a little story of a Scotch couple who had a son ten years of age who had never spoken a word—had always been dumb. He was working in the fields one hot summer day, helping his father, and they both became very thirsty. The father picked up the water jug and began to drink very leisurely. The boy watched the father for a few moments, becoming more and more concerned, and finally said, "Father, don't drink it all and leave naught for

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me!" The father dropped the jug and said, "Why, Tam, Tam, you're talking! Why did you never speak before?" To which Tam replied, "Naught have to say." (Applause.) My trouble is not Tam's—that is, "Naught have to say," but naught time to say it! The other trouble is that I am a substitute, but in that or any capacity I am delighted to present to you the good wishes and the greetings of the W. C. T. U. and bid you Godspeed in the great and grand work which you are doing for humanity and the world. The old superstition which connects the physicians up with the undertaker and sends us on to our journey from whence no traveler returns, has certainly in our Association with you been reversed, for the scientific physicians of the world have been the light and the life leading us in the W. C. T. U. (Applause.)

I wish to thank you for what you have done for us and for what we believe you will do. But we know there are other great evils working against our young men today. Here at home, in the cantonments and on the battlefields of England and France. Some poet has said:

"The physicians mend or end us;
Although in health we sneer,
When sick we call them to attend us."

Gentlemen of this Association, we beg that you will attend us and help us to keep life good and sane for our young men of today. (Applause.)

Dr. T. H. Frazer, Mobile, read a paper entitled, "The Present Status of Medical Education."

The President: The hour has arrived when the program must be interrupted again by a special order of business. The discussion of Dr. Frazer's paper will be postponed for the present.

I am sure that every member of the Association feels the loss of one who has been very prominent in our Association for many years. I refer to our former State Health Officer, Dr. W. H. Sanders. A committee has been appointed to draft a memorial resolution for Dr. Sanders. The committee consists of Drs. J. T. Searcy, of Tuscaloosa; S. W. Welch, of Montgomery, and B. L. Wyman, of Birmingham. The chairman of this committee, Dr. Searcy, is not present, but I will call upon Dr. Welch to read this memorial.

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Dr. Welch: Your committee appointed to draft resolutions of respect to the memory of Dr. W. H. Sanders begs leave to make the following report:

William Henry Sanders, of Mobile, was born in Tuscaloosa county, July 9, 1838, and was the son of Dr. Charles Peak and Elizabeth Ann (Thompson) Sanders, of Charleston, S. C. He was the grandson of William and Martha (Ditmore) Sanders and of Dr. Matthew and Arabella (Keys) Thompson. His paternal grandfather, a native of England, emigrated to Charleston, S. C. His maternal ancestors resided in Anderson District, S. C. His father removed from Tuscaloosa county to Clinton, Greene county. From this point the son entered the University of Alabama, 1856, from which institution he graduated with the A. B. degree in 1858. Entering the Jefferson Medical College, he graduated with the M. D. degree in 1861. On June 11th, 1861, he enlisted in Co. "C." 11th Alabama Infantry, C. S. A. He was appointed assistant surgeon of the regiment in September, 1861; and promoted to the office of surgeon of the command, March 6, 1863, by the Confederate States War Department. Sometimes after the war he visited Europe making special investigations in the treatment of the eye, ear, nose and throat and on his return to America located in Mobile where he practiced his profession up to a few years before his death. He was professor of diseases of the eye, ear, nose and throat in the Medical Department of the State University of Alabama for a number of years. He was elected a member of the College of Counsellors, Alabama State Medical Association of Alabama, 1881, a position he held continuously until the time of his death. He served as President of the State Medical Association, 1890-91. On the death of Dr. Jerome Cochran, Dr. Sanders was chosen by the State Medical Association to succeed him as State Health Officer. This position he resigned on account of declining health about a year before his death.

Dr. Sanders was one of the most picturesque figures which the public life of Alabama has furnished for a generation. He devoted the best years of his life to the evolution of a health system for the State. His remarkable courage and devotion more than once preserved the organization from disaster. In its days of stress he gave it not only his time and splendid energies, but paid with his personal check its financial obligations when the State appropriation proved inadequate to its needs. His life has been an inspiration to those on whom his mantle has fallen and will be a compelling force to

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those to whom is entrusted the development of the work he, with Dr. Jerome Cochran, so ably projected.

We feel that in his death the Association has lost a wise counsellor, his colleagues a great leader and the State a faithful servant.

Respectfully submitted,

J. T. SEARCY,
B. L. WYMAN,
S. W. WELCH.

Dr. B. L. Wyman, Birmingham:

Mr. President and Members of the Medical Association of Alabama:

I cannot allow this occasion to pass without saying a few words of tribute to the memory of our deceased friend and lamented State Health Officer, Dr. William Henry Sanders, who devoted so many years of his long and useful life, not only in advancing the best interests of the medical profession of Alabama, but also in safeguarding the health and lives of the people of this commonwealth.

The memorial just read in your hearing by Dr. Welch pays a most fitting tribute to his memory. There were, however, some outstanding and striking elements of his character which were so pronounced and dominant, characteristics which made him a born leader. It seems to me appropriate that these should be emphasized upon this memorial occasion.

I had the honor and pleasure of being closely associated with Dr. Sanders for many years, and I admired his many sterling traits of character. I recall very distinctly when a successor of the lamented Cochran was to be chosen, it was felt that a strong man was needed, one who was familiar with the work of the State Board of Health and who could with zeal and efficiency carry forward this work, so auspiciously begun. It was the unanimous opinion of the leaders of the profession that William Henry Sanders was among all the medical men in Alabama the best fitted man to occupy the responsible position vacated by the death of Dr. Cochran. There was not a dissenting voice and he was elected unanimously at a called meeting of the State Board of Censors on August 28th, 1896. He did not want the place, the salary was small and not sufficient to attract a man of his ability and scientific attainments. He had long been established in his specialty in Mobile and he

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made a great sacrifice when he gave up his chosen field of work. When called to the position as executive officer of the State Board of Health, he felt it his duty to accept the responsibility which was placed upon him and he entered upon his duties with his whole heart and soul.

You know so well the record of his achievements as State Health Officer and Chairman of the State Board of Censors, that it is not worth while for me, in this presence, to recite in detail the brilliant results which attended his long administration.

Dr. Sanders was a man of strong convictions and he loved this Association better than any doctor in Alabama. He believed in the fundamental principles underlying its organic law, and he was always ready and quick to defend any and all attacks which were made against it. He was tenacious in his opinions and his views were decisive and always backed up by clear and convincing argument. While some members of the Association were antagonistic and differed with him at times on questions relating to the policy and plan of organization of our Association, he was always given full credit for being honest in his convictions. He was a man who would not give up a fight without a struggle, and, be it said to his credit, that he always fought his adversary in the open, and I must say, it was noted that he nearly always won. He was sometimes misunderstood and sometimes, I regret to say, misrepresented.

I regarded him, gentlemen, as one of the greatest men who ever adorned the medical profession of Alabama. He was a man of scholarly attainments, of untiring industry and great constructive ability. He believed in the principles laid down in the Constitution of this Association, and he fought any effort which was made to bring about radical and revolutionary changes. When crossed in his opinions he was always polite and graciously accepted the verdict of the majority without a murmur.

If you will pardon a personal reference, I recall when I was President of the Association, his attitude with reference to admitting undergraduate students to the examination for license to practice medicine in Alabama. I had recommended in my message that none but graduates of accredited medical colleges be allowed to come up for examination; he was very much opposed to a change in the law; he did not regard the

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diploma as a pre-requisite, but insisted that the applicant's qualifications alone should be the sole test. There were only a few states at that time who permitted the undergraduate to come before the Board for examination. After a hard fight in the Board of Censors the recommendation was adopted and he gracefully accepted the verdict. I mention this simply to illustrate the great magnanimity of the man. Dr. Sanders, as you well know, had the courage of a lion and at the same time the gentleness of a woman. He could not be turned from the course which he thought was right. He was a man greatly beloved by his professional brethren, who owe him a debt of gratitude which can never be repaid. His wisdom and council will be greatly missed in our deliberations, and his memory will always be enshrined in our hearts, and will serve as a beacon light to encourage us to greater and higher endeavor in carrying forward the beneficent work which the people of Alabama have entrusted to our keeping.

Dr. T. H. Frazer, Mobile: The history of the medical profession of Alabama is closely interwoven with that of two men —Dr. Jerome Cochran and Dr. William Henry Sanders. For a long time, men wondered how Jerome Cochran managed to keep ahead of the medical profession; the solution was easy to those acquainted with the character of the two men and their methods of work. I knew both of them, and as a young doctor, feared the first one, because when I first entered upon the practice of medicine as a graduate of our State University, I was inimical to the law regulating the practice of medicine. The cool and persistent spirit of Dr. Cochran said, "You are wrong, young man, come right in, and take your medicine." The unwritten history of the Association, as well as that recorded in the Book of Transactions, reveals many fights in which the main figure was Jerome Cochran; yet back of the line of battle, and enjoying the closest confidence of his chief, was William Henry Sanders, a man of more will power and more education, and greater tenacity of purpose than the former, and who many times won the fight for Jerome Cochran. When Jerome Cochran died, the thought was unanimous that Dr. Sanders was the logical successor to him.

I knew Dr. Sanders best as a teacher of medicine. He was my instructor in eye and ear work in the school in Mobile, and

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a more earnest man and more painstaking never stood on the lecture platform of any school. He was loyal to his county medical society, possessing in the highest degree the proper conception of medical ethics, and if there is a Mobilian within the range of my voice now, he will recall the many discussions that enlivened the proceedings of that society.

As already noted by the preceding speaker, he was not always pleasing in his manner in bringing about results, but after all, we must all stand today with bared heads when we remember the splendid results that followed the wonderful skill and leadership of our former associate.

Dr. W. H. Blake, Sheffield: After all, men must be judged by their motives. Dr. Sanders often did things which we considered cruel, but no man questioned the motives of Dr. Sanders when it came to looking out for the best interests of the medical profession of the State of Alabama. He was rasping sometimes in his speech, galling sometimes in his criticism, but in his motives unselfish, loyal, courageous,—a man who never forgot a friend, a man who never forgot his profession.

Dr. Edward H. Sholl at this point repeated Tennyson's "Crossing the Bar":

Sunset and evening star,
And one clear call for me!
And may there be no moaning of the bar,
When I put out to sea.

But such a tide as moving seems asleep,
Too full for sound and foam,
When that which drew from out the boundless deep
Turns again home.

Twilight and evening bell,
And after that the dark!
And may there be no sadness of farewell,
When I embark;

For tho' from out our bourne of Time and Place
The flood may bear me far,
I hope to see my Pilot face to face
When I have crossed the bar.

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On motion of Dr. G. H. Fonde, Mobile, the resolution was adopted by a rising vote.

Owing to the barbecue and vaudeville to be given in honor of the Association at the Country Club it was necessary to adjourn at twelve o'clock, so the rest of the papers on the program for the morning were postponed until the afternoon session.

THIRD DAY, THURSDAY, APRIL 18.

Afternoon Session.

The afternoon session was held at the Country Club, following the barbecue, the meeting being called to order by the President at 3 p. m.

Dr. George Heustis Fonde, Mobile, presented a paper entitled, "Reflections in Vaccine Therapy from the Viewpoint of the Practical Clinician." No discussion.

Dr. William Gross Harrison, Birmingham, read a paper on "Complications Following 8,444 Tonsillectomies." No discussion.

Dr. S. L. Ledbetter, Jr., Birmingham, read a paper entitled, "The Surgical Treatment of Exophthalmic Goitre." No discussion.

Dr. W. R. Jackson, Mobile, presented a paper on "Some Interesting Surgical Problems.' No discussions.

Dr. E. P. Hogan, Birmingham, read a paper entitled, "Diffuse Peritonitis of Appendiceal Orgin—With Report of Cases." No discussion.

The authors of the followng papers being absent, the papers were not presented:

"Diagnosis and Treatment of Foreign Bodies in the Lower Respiratory Tract," Major Charles A. Thigpen, M. O. R. C., Montgomery.

"Neglected Perineal and Cervical Lacerations," E. F. Moody, Dothan.

"Postural Conditions and Their Relations to Visceroptosis," Cunningham Wilson, Birmingham.

"The Treatment of Infected Wounds," Lloyd Noland, Birmingham.

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"Uterine Bleeding," Lewis C. Morris, Birmingham.

Owing to lack of time the clinic which was to have been held at Hillman Hospital by Drs. Morris and Hogan was cancelled.

THIRD DAY, THURSDAY, APRIL 18.

Evening Session.

The meeting was called to order by the President at 8:15 P. M.

Dr. Joseph Beck, Chicago, addressed the Association on "Plastic Operations About the Head and Neck," and illustrated his remarks with numerous lantern slides. No discussion.

The President: I am certain we have all enjoyed the exhaustive lecture of Dr. Beck and I know I voice the sentiment of the Association in thanking him for his courtesy in coming so far to present the subject to us.

Dr. W. S. Rountree, Birmingham, read a paper on "First Aid to the Injured," which was followed by an interesting demonstration of first aid in various accidents, given by industrial employees. No discussion.

Dr. Albert Frazier, Dothan, presented a paper on "Acute Appendicitis in Children." Discussed by Drs. W. W. Harper, Selma; Horace Hill, Montgomery; Dr. Frazier closing.

Capt. W. W. Harper, M. O. R. C., Selma, read a paper entitled: "Pyelitis in Children." Discussed by Drs. Stewart Welch, Birmingham; G. H. Fonde, Mobile; Dr. Harper closing.

Dr. Thomas D. Parke, presented a paper entitled, "Some Clinical Observations." Discussed by Drs. G. H. Fonde, Mobile, and W. W. Harper, Selma.

Dr. P. P. Salter, Montgomery, who was to have given a paper on "The Relationship of the Chronic Meningococcal Carrier to Epidemics,—Diagnosis and Treatment," could not be present, so Mr. E. W. Edohl, State Bacteriologist, Montgomery, presented a paper on "Typhoid Fever" in his place. No discussion.

The following papers were not read, owing to the absence of the authors:

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"Anatomical Defects in the New-Born Demanding Surgical Operation—With Report of Five Cases," E. M. Prince, Birmingham.

"Lobar Pneumonia—Its Complications and Sequelæ," W. A. Haggard, Brooklyn.

Adjourned at 11:15 P. M.

FOURTH DAY, FRIDAY, APRIL 19.

Morning Session.

The meeting was called to order by the President at 9:15 A. M. Dr. S. W. Welch, Chairman, read the forty-fifth annual report of the Board of Censors.

FORTY-FIFTH ANNUAL REPORT OF THE STATE BOARD OF CENSORS, INCLUDING REPORTS OF THE STATE BOARD OF MEDICAL EXAMINERS AND OF THE STATE COMMITTEE OF PUBLIC HEALTH.

The Board begs leave to submit this, its forty-fifth annual report:

President's Message.

The Association is to be congratulated upon the fact that the President's message contains no recommendation for radical reforms. He has avoided alluding to any subject which would disturb the harmony of the meeting. He has directed his attention to the fact that the Association celebrates its fiftieth anniversary in 1918. He reviews the work done by the Association during this half century and with prophetic vision touches upon the proper function and future work of the public health forces of America.

The message is full of historic facts illustrated by incidents in previous wars which go to prove the necessity for efficient health service in times of peace as well as war.

The Board heartily approves all the sentiments expressed and commends to your careful consideration each line of this message. It is both pleasing and instructive.

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The Board is in hearty sympathy with the one recommendation which the President makes.

The President recommends that a complete reorganization of the Board be made along progressive lines to better fit it for the work which has been thrust upon it by the activities of the war, and that the Legislature be requested to appropriate at least $200,000 for the work of the Board.

The Board recommends the adoption of this recommendation.

Report of Senior Vice-President.

The Board recommends the adoption of the report of the Senior Vice-President as read.

Report of the Junior Vice-President.

The Board recommends the adoption of the report of the Junior Vice-President as read.

Books and Accounts of the State Health Officer.

The Board on examining the books and accounts of the State Health Officer has reported them correct. They are therefore entitled to the approval of the Association.

The Books and Accounts of the Treasurer.

Books and accounts of the Treasurer have been examined by the Board and found correct. The Board recommends their adoption.

Report of the Secretary.

The minutes of the last meeting of the Association have been read and found correct. The Board recommends their adoption.

Report of the Publishing Committee.

The report is in order and therefore entitled to the approval of the Association.

Committee on Tuberculosis.

Dr. Glen Andrews reported no funds in the treasury with which to forward the improvement of the property in Cullman

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and asked that the State Association memoralize the next Legislature to provide funds for this important work. The Board recommends the adoption of this report.

State Committee on First Aid.

Dr. W. S. Roundtree reported progress in their work. The Board recommends the adoption of the report and the continuance of the Committee.

Committee on Mental Hygiene.
Committee on Medical Preparedness.
State Committee on Social Insurance.
Committee on Nosology.
Council on Pharmacy.
Council on Scientific Study.

These Committees failed to make reports because the chairman of each is on duty in the Officers Reserve Corps and no other members of the Committees were prepared to make reports. The Board recommends that these Committees be retained and they be requested to bring up reports at the next meeting of the Association.

State Committee on Prevention of Blindness.

Dr. S. L. Ledbetter, Chairman, reported unsatisfactory results in their efforts and asked for further time and the indulgence of the Association. The Board recommends the adoption of this report and a continuance of the Committee.

Standard Certificates.

At the July, 1917, meeting the Board adopted the standard certificates recommended by the Census Bureau to the State Boards of Health for the Collection of Vital and Mortuary Statistics.

Complaints to the Board of Censors.

During the summer there were two complaints lodged against physicians; one by the Blount County Medical Society and the other by the Clay County Medical Society.

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The complaint from the Blount County Medical Society charged Dr. J. T. Hancock with criminal practice. Upon the advice of the Attorney General and the consent of the Blount County Medical Society action in this case was postponed until after the courts had adjucated the law and evidence in the case.

The complaint from the Clay County Medical Society charged Dr. J. J. Killgore with drunkenness and conduct unbecoming a doctor. These charges were subsequently withdrawn, contingent upon the good behavior on the part of Dr. Killgore and the trial was indefinitely postponed.

Rules and Regulations Governing Hotels, Etc., and Pollution of Streams.

At the January meeting the Board prepared for adoption the following Regulations governing hotels, dining-cars, restaurants, lunch-counters and other public eating-places, etc. An ordinance was also prepared forbidding the pollution of streams in Alabama. These ordinances are now submitted for action.

Rules and Regulations Governing Hotels, Dining-Cars, Etc.

By virtue of the authority vested in it by the State Legislature, the State Board of Health, through its Committee of Public Health, does hereby promulgate and publish the following Rules and Regulations governing the conduct of hotels, restaurants, dining-cars, lunch counters, boarding-houses, public or private, and other public eating-places in the State.

Section 1. It is hereby ordered, that no person or persons, firm, corporation or common carrier, operating or conducting any hotel, restaurant, dining-car, lunch counter, boarding-house, public or private, or other public eating-places in the State shall hereafter employ or keep in their employ in the capacity of cook, waiter, chambermaid, kitchen-help or other house-servant any person or persons who is or are suffering from trachoma, active tuberculosis, syphilis, gonorrhea, open external cancer, or barber's itch; and all persons so employed, who at the time of the passage of these Rules and Regulations, are suffering from the said diseases shall at once be excluded from such employment in such hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating-places.

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Section 2. If any person or persons, firm or corporation, or common carrier operating or conducting a hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating-places, shall institute and maintain a medical inspection for their cooks, waiters, chamber-maids, kitchen-help, and other house-servants, at intervals of at least twice a year for the purpose of excluding from such employment persons found to be suffering from any of the diseases mentioned in Section one of these Rules and Regulations; and shall thereupon promptly exclude from such employment any person or persons found to be so suffering, they shall be considered as complying with the provision of Section one of these Rules and Regulations, unless: (1) Any person or persons employed in such capacity after the passage of these Rules and Regulations shall have been suffering from any of the diseases mentioned in Section one of these Rules and Regulations at the time when they were so employed; or unless: (2) The diseased condition of such employee suffering with any of the diseases mentioned in Section one of these Rules and Regulations is manifest in the interim between such inspection; or unless: (3) Notice of the diseased condition of any such employee, suffering from any of the diseases mentioned in Section one of these Rules and Regulations has been served in writing upon the owner, operator or manager of any such hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating-places by physician or by the health authorities.

Section 3. That no person or persons, firm or corporation, operating or conducting any hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating places in this State shall keep in their employee in any of the several capacities mentioned in Section one of these Rules and Regulations any person who is a carrier of typhoid fever, dyphtheria, cerebro-spinal meningitis, after notice that any person so employed by them is a carrier of typhoid fever, dyphtheria or cerebro-spinal meningitis has been served in writing upon the owner, operator, or manager of any such hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating-places by a physician or by the health authorities.

Section 4. That no person or persons, firm or corporation, operating or conducting any hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private or other public eating places in this State shall furnish to their patrons or customers any dish, or other

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recepticle or utensil, used in eating or drinking, which has not been thoroughly cleansed since it was used by another individual.

Section 5. That no person or persons, firm or corporation, operating or conducting any hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private, or other public eating places and maintaining in connection therewith any washroom for public use or for the use of their patrons or customers, shall furnish in such washroom any towels, unless such towels be laundered or discarded after each individual use.

Section 6. That no person or persons, firm or corporation, operating or conducting any hotel, restaurant, dining-car, lunch-room, boarding-house, public or private, or other public eating places shall furnish or keep in or about such establishment at any drinking place to which the public or their customers or patrons have access, any common drinking vessel for common use; *Provided*, That this section shall not preclude the use of vessels which are cleansed by washing with hot water and soap, or are disinfected or destroyed after each individual use.

Section 7. The State Health Officer shall have the right and is hereby directed to inspect in person or by a deputy any hotel, restaurant, dining-car, lunch-counter, boarding-house, public or private and other public eating places for the purpose of enforcing all the provisions of these Rules and Regulations and is hereby given the authority to take such steps as may be necessary to secure their enforcement. The State Health Officer is also directed to enforce the provisions of an Act entitled:

AN ACT

To provide better sanitation of hotels, restaurants, dining-cars, lunch-counters, boarding-houses, public or private, and other public eating-places in this State.

Approved February 28th, 1911.

Pollution of Streams.

By virtue of the authority vested in it by the State Legislature of Alabama, Amended Acts 1915, the State Board of Health does hereby pass, promulgate and publish the following order:

1. No person, firm, corporation, city or town shall pollute, contaminate, or otherwise render unwholesome or insanitary any stream or body of water within the State of Alabama by discharging, empty-

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ing or otherwise putting into said stream or body of water night soil sewage or other matter regarded as insanitary by the State Board of Health, without first obtaining a permit from the State Board of Health.

2. The State Health Officer is hereby ordered to prosecute under Section 7058, Criminal Code 1907, Vol. 3, any person, firm, corporation, city or town who is found in violation of this ordinance.

Reciprocity.

The Board has established reciprocity with the following states: Arkansas, Georgia, Iowa, Kentucky, Louisiana, Maryland, Mississippi, Missouri, Ohio, Pennsylvania, Tennessee, Virginia.

At the January meeting quite a number of applications for licenses through reciprocity were presented for consideration by the Board. Only one was found to measure up to the standard of requirements prescribed by the Board for recognition. This was Dr. Henry Paul Adams, Savannah, Ga.

The Board decided not to pass upon applications for reciprocity except at its regular meetings in January and July.

Revocation of Licenses.

At the July meeting the license of Dr. William Gurganus, of Walker county, to practice medicine in Alabama was revoked, Dr. Gurganus was convicted of manslaughter and sentenced to the penitentiary by the City Court of Tuscaloosa in 1913.

The license of Dr. Norman, of Birmingham, to practice medicine in Alabama was revoked because he had been convicted of grand larceny and sentenced to five years in the penitentiary. Montgomery City Court, 1915.

A motion to revoke the license of Dr. E. A. Matthews, of Clanton, Ala., was postponed to the January meeting pending the investigation of a committee of the Board. The committee reported at the January meeting that Dr. Matthews had been convicted of embezzlement in the Circuit Court in Clanton and sentenced to the penitentiary for eight years.

A number of letters from different points in the State, from several doctors and county medical societies were presented to the Board with a request that they petition the Governor to pardon Dr. Matthews. The files in the office of the Board of

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Pardons were investigated and a reply to the petition for a pardon for Dr. Matthews from Attorney General Martin was also read. A motion was made to revoke the license of Dr. Matthews.

There being only seven members present action was postponed until the April meeting. There have not been eight members present at any session of the Board during this meeting so action was postponed until the July meeting.

Examinations.

The July and January examinations were regularly held by the Board, detailed reports of which are to be found in part two of this report.

Change in Number of Days of Annual Sessions.

At the last meeting of the Association Dr. E. B. Ward, of Selma, introduced the following resolution:

"*Resolved*, That the rule be changed and the annual meeting of the Association be held three days instead of four, lasting Tuesday, Wednesday and Thursday."

The Board recommends the adoption of this resolution, and to make it effective proposes the following

Ordinance.

1. Be it ordained by the Medical Association of the State of Alabama, That in future the annual meetings of this Association shall continue for three days, beginning with the third Tuesday in April each year and ending with the completion of the business program the following Thursday.

2. That the Association shall be called to order by the President at nine o'clock on Tuesday morning the first day.

3. That the regular order of exercises shall be the same as that which now obtains in the conduct of the business of the Association.

4. That Thursday, the last day of the session, shall be devoted to the transaction of the business of the Association, the report of the Board of Censors, the Revision of the Rolls and the election of officers.

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Choctaw County Resolutions.

The following resolutions were sent up from the Choctaw County Medical Society:

Resolution Adopted by the Choctaw County Medical Society.

Butler, Alabama, March 20th, 1918.

Seeing that indiscriminate issuing of certificates to persons for the purpose of obtaining alcohol or whiskey or some substitute for them for illegal purposes or to use as a beverage is a reflection on the profession of medicine and a violation or evasion of the law of our country.

***Now, Therefore, Be It Resolved*: By this Society, that we have this day put our stamp of disapproval upon this practice and request that any member of this body, before issuing such certificate, shall carefully examine the applicant and in no case issue said certificate until after a strict examination and finding that applicant actully needs such alcohol or whiskey as a medicine.**

***And, Be It Resolved*: That a copy of this resolution be spread upon the minutes of this Society by the Secretary and a copy be sent to the State Medical Association and suggest to them, by this Society as a whole, to adopt it there, and further that a copy be sent to the Choctaw Advocate for publication.**

Respectfully,
W. H. CHRISTOPHER,
County Health Officer.

Note—This resolution was adopted unanimously by our medical society.—H. W. Robinson, President.

The Board recommended their adoption.

Resolutions From the Dental Association.

The Board asked for further time on the question of the dental resolutions read at the last session.

National Examining Board.

The question of issuing *Pro Forma* certificates to physicians holding certificates from the National Examining Board was discussed and a motion was passed signifying the desire of the State Board of Medical Examiners to recognize these cer-

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tificates and the Chairman of the Board was directed to take such steps as were necessary to have the next Legislature amend the law in such a way as to enable the Board to issue *Pro Forma* certificates without examination to holders of certificates from the National Board of Medical Examiners.

The Venereal Disease Problem.

After a long discussion of the venereal disease problem the Board agreed to recommend for adoption by the Association the following resolutions:

Resolved 1. That gonorrhea, syphilis and chancroid are hereby declared to be contagious and infectious diseases, known to be dangerous to public health and the same are hereby placed upon the list of reportable diseases.

Resolved 2. That all laws, rules and regulations applying to all other communicable and infectious diseases enumerated under Section 716 of the Code of Alabama are hereby declared to apply to the aforementioned diseases.

Resolved 3. That all physicians in Alabama are hereby urged to report all cases of venereal diseases to the county health officer. In making these reports they are advised to follow the plan of reporting by serial number, keeping the name of the patient recorded in the office.

Resolved 4. That municipalities and boards of health are hereby urged to take all steps necessary for the control of venereal diseases warranted under Section 716 of the Code for the control of all other communicable diseases.

Resolved 5. The State Board of Censors is hereby directed to formulate such rules and regulations to be enacted into law by the next Legislature as will effectually control the spread of venereal diseases in Alabama.

Resolutions By Dr. M. B. Cameron.

At the last session Dr. M. B. Cameron introduced a set of resolutions to amend the Constitution so that one member of the State Board of Censors should be elected from each congressional district.

(For resolutions see pages 93 and 94, Transactions 1917.)

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The Board after carefully considering these resolutions wishes to call attention to the following facts:

To limit the residence of members of the Board of Censors to given areas of the State would be a decided menace to the efficiency of the Board. The Board of Censors does not represent areas or sections of the State of Alabama, but the State as a whole, and the Board fears, should Dr. Cameron's resolutions obtain, some of the most desirable members of the State Board of Health would be excluded from the chief council of the Association.

The Board therefore reaffirms its former ruling on a similar set of resolutions and recommends that they be not adopted.

Amendments Relating to Counsellors.

At the Mobile session of the Association in 1916 various amendments, all looking to the rearrangement of the Constitution in reference to counsellors, were submitted by Dr. W. H. Sanders.

At the last meeting of the Association in Montgomery the Board presented a rearrangement of these amendments modifying them in some respects and in order to carry out these modifications the Board submitted the following amendments as substitutes for the amendments submitted by Dr. Sanders.

Further time was asked by some members of the Association for consideration of these proposed amendments. The time was granted and after another year they are hereby resubmitted with further modifications suggested by the debate at the last meeting.

The Chairman of the Board wrote a letter to the President of each medical society composing this Association, calling his attention to the fact that these amendments to the Constitution would be submitted at this meeting and requesting him to have his counsellors and delegates familiarize themselves therewith, so that they could vote more intelligently when the question was submitted for final action.

The Board recommends the adoption of the amendments as herewith submitted.

Amend Sections 1 to 8, both inclusive, of Article VI by making them read as follows:

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Section 1. Counsellors shall consist:

(1) Of all "Permanent Members" of "The Medical Association of the State of Alabama" as it existed prior to the reorganization of 1873;

(2) Of all members of the College of Counsellors in good standing who were elected prior to the year 1918;

(3) Of such members of county medical societies in affiliation with the Association as from time to time may be elected to the position of counsellor.

Sec. 2. The counsellors, considered collectively, shall be denominated the College of Counsellors, and shall be graded as follows:

(1) Counsellors-elect;

(2) Active Counsellors;

(3) Life Counsellors.

Sec. 3. Counsellors-elect shall consist of those members, or delegates, not theretofore having been counsellors, who have been elected to the position of counsellor—they occupying the grade of counsellors-elect until the end of the annual session of the Association at which they are elected and until they have qualified as active counsellors as provided in the next succeeding section, and forfeiting their position as counsellors unless prior to the beginning of the next succeeding annual session they qualify as active counsellors as provided in the next succeeding section. The status of a counsellor-elect so forfeiting his position shall be the same as if he had never been elected.

Sec. 4. Active counsellors shall consist of those counsellors-elect who have qualified by notifying the secretary of their acceptance of the position of counsellor and signing the counsellor's pledge, and paying dues, and upon a revision of the Roll of Counsellors by the Association have been placed upon the Roll of Counsellors as active counsellors; of those who were junior counsellors or senior counsellors at the time the grade of active counsellor was established; and of those who by re-election have been kept on or returned to said Roll as active counsellors. When a counsellor, or one who has once been a counsellor, is elected again he shall be entered upon the Roll of Counsellors without qualifying again.

Sec. 5. Life counsellors shall consist of those who were life counsellors at the time the grade of active counsellor was established and of those who, having served as active counsellors for twenty years, are transferred, upon a revision of the Roll of Counsellors by the Association, to the grade of life counsellor. They shall hold their positions for life, except as in this Constitution otherwise provided.

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The time during which an active counsellor served as junior counsellor, or the aggregate time during which he served as junior counsellor and as senior counsellor, as the case may be, prior to the establishment of the grade of active counsellor shall be counted as part of said twenty years in his case. The word "year" when used in this article means the period from the end of one annual session of the Association to the end of the next annual session. In determining when an active counsellor shall become a life counsellor, his first term shall count as seven years, and as beginning at the end of the annual session at which he was first elected, whether he qualified before or after the date of the expiration of said annual session.

Sec. 6. In consideration of having served the Association for twenty years, and of having paid dues for that length of time, life counsellors, although entitled to the same rights in, and owing the same allegiance to, the Association as other counsellors, shall be released from the payment of annual dues, and also from the obligation of compulsory attendance upon meetings of the Association, imposed upon other counsellors.

Sec. 7. Counsellors shall be elected at regular annual sessions of the Association. The total number of active counsellors and counsellors-elect at any one time shall not exceed one hundred. The first term of a counsellor as an active counsellor shall begin at the end of the regular annual session of the Association at which he is elected but he shall not exercise the prerogatives of an active counsellor until he has qualified as provided in Section 4 of this Article. His subsequent term or terms, if he should be elected to succeed himself, shall begin at the expiration of the preceding term. The terms of an active counsellor shall be seven years for the first term, seven years for the second term, if any, and six years for the third term, if any. But when an active counsellor who has ceased to be an active counsellor is re-elected an active counsellor he shall become an active counsellor at the end of the annual session at which he is re-elected for a full length term if he served the whole of his previous term and, if he served only a portion of his previous term, for such a number of years taken in connection with the number of whole years served in his previous term as will make a term of seven years if it is his first term, seven years if it is his second term, or six years if it is his third term; and his whole years of service as an active counsellor under previous election or elections shall be counted in determining when he shall become a life counsellor. Active counsellors who have become such with the abolition of the grades of

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junior counsellor and senior counsellor shall without re-election hold their positions as active counsellors continuously for twenty years from the end of the annual session at which they were elected unless they forfeit their position.

Sec. 8. Nominations for the position of counsellor must be made as follows:

On the second day of each annual session, before the hour of adjournment of the morning session arrives, the secretary shall report to the Association, by congressional districts, a list of vacancies known at that time to exist in the College of Counsellors and of vacancies to occur at the end of that annual session. The delegates and counsellors in attendance from the respective congressional districts in which vacancies have been announced shall assemble at the respective places and times previously agreed upon by the president and the secretary of the Association, and announced at the time the secretary makes said report, for the purpose of making nominations for such vacancies. Such of said delegates and counsellors as so assemble shall, *ipso facto*, be the nominating committee for their respective congressional districts and shall by a majority vote of those present in said respective meetings nominate from among the active counsellors whose terms will expire at the end of that annual session and the members of the Association who are not counsellors, such a number of eligible members from among those residing in their respective congressional districts as corresponds with the number of existing and prospective vacancies announced therein by the secretary; and such nominations shall be reported forthwith to the Association. In the revision of the Roll of Counsellors should additional vacancies be announced nominations to fill such vacancies shall be made as nearly as practicable in the same way as is provided for above.

Amend section 11 and 12 of Article VI by making them read as follows:

Sec. 11. Any active counsellors, except one who has served the Association for ten or more consecutive years, moving out of the congressional district from which he was elected shall thereby *ipso facto* forfeit his position as a counsellor.

Sec. 12. No obligation shall rest upon counsellors or delegates to vote for the nominees proposed by the committees, they being at liberty to vote for other eligible persons from the same congressional districts as the respective nominees.

Amend section 13 of Article VII by substituting for the words "House of Counsellors" therein the words "College of Counsellors."

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Amend sub-section (3) of section 14 of Article VI by making it read as follows:

(3) They shall, except as in this Constitution otherwise provided, hold their positions for the terms herein prescribed unless removed by death, resignation or impeachment or for neglect of duty.

Further amend Article VI by striking therefrom section 15.

Should the above amendments be adopted it will be necessary to amend the ordinance relating to the revision of the rolls and this Board, therefore, recommends the adoption of the following ordinance:

An Ordinance to Amend Section II of An Ordinance Entitled "An Ordinance In Relation to the Revision of Rolls."

Section I. Be it ordained by the Medical Association of the State of Alabama, That Section II of an ordinance entitled, "An Ordinance in Relation to the Revision of the Rolls" (See page 52 of the *Compend*) be amended so as to read as follows:

Section II. The order of the Revision of the Roll of the College of Counsellors.

(1) Be it further ordained, That in like manner and after due consultation the committee on the revision of the rolls shall prepare five lists or schedules of the counsellors of the association. The first list shall contain in alphabetical order under the heads of life counsellors and active counsellors the names of all such counsellors as have complied with the rules of the Association in regard to attendance and dues, and against whom no charges are pending. The second list shall contain in like order the names of all such counsellors as may be delinquent in attendance or in dues, or against whom charges may be pending. The third list shall contain the names of all such counsellors as may have died since the last revision, or have offered their resignations, or have moved out of the State or out of their respective congressional districts. The fourth list shall contain the names of all active counsellors of twenty years standing. The fifth list shall contain the names of all counsellors-elect who have signed the pledge and paid the dues.

(2) These five lists or schedules shall be designated, respectively, as follows: (1) The schedule of counsellors clear on the books; (2) The schedule of delinquent counsellors; (3) The schedule of miscellaneous counsellors; (4) The schedule of active counsellors of twenty

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years standing; (5) The schedule of counsellors-elect who have signed the pledge and paid the dues.

(3) That when the time arrives in the progress of the revision of the rolls for the secretary to call the roll of the college of counsellors he shall first call consecutively all the names on the first of the lists provided for above; whereupon, the President shall say: *You have heard the names of the counsellors just read by the secretary and reported to be clear of the books. If there is no objection they will be passed.* And the order shall be made accordingly.

(4) Then the Secretary shall in like manner call the names on the second list, provided for above; whereupon, the President shall say: *You have heard the names of the counsellors just read by the secretary and reported to be delinquent in their obligations to the Association. Under the rules, and if there is no objection, these names will be struck from the roll of the college of counsellors, and of this they shall be duly notified by the secretary.* And the order shall be made accordingly.

(5) Then the secretary shall in like manner call the names of the third of the lists provided for above; whereupon, the President shall take such action in each case as may be appropriate under the circumstances.

(6) Then the secretary shall call all the names on the fourth of the list provided for above; whereupon, the President shall say: *You have heard the list of names, as read by the secretary of the active counsellors who have served as such for twenty consecutive years. Under the rules of the Association these counsellors are entitled to be transferred to the roll of life counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(7) Then the Secretary shall read the fifth list provided for above; whereupon, the President shall say: *You have heard the list of names as read by the secretary of the counsellors-elect who have signed the pledge and paid the dues. Under the rules of the Association these counsellors-elect are entitled to be transferred to the roll of active counsellors. If there is no objection they will be so transferred.* And the order shall be made accordingly.

(8) Then the President shall say: *Have all the counsellors been called? Is there anything else to be done in relation to the revision of the roll of the college of counsellors?* And if there is nothing, he shall add: *The revision of the second roll is here ended. The roll*

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of the college of counsellors stands closed until the next annual session of the Association.

The Board further proposes the following:

An Ordinance to Provide for Giving Notice of the Time and Places for Assembling of Delegates and Counsellors for Making Nominations for Vacancies in the College of Counsellors.

Section 1. Be it ordained by the Medical Association of the State of Alabama, That the time for assembling of delegates and counsellors for making nominations for vacancies in the college of counsellors shall be 7:30 o'clock p. m. on the second day of the annual session of the Association and the President and Secretary shall make proper arrangements for suitable places for assembling.

The Board agrees that it is wise to make some further provision for the election of counsellors by congressional districts and, therefore, recommends and suggests the adoption of the following resolutions:

Be It Ordained by the Medical Association of the State of Alabama, **That whenever the transfer of a counsellor to the roll of life counsellors, or whenever a counsellor is dropped from the roll from any cause, the vacancy shall be filled as follows:**

1. If the district in which the vacancy occurs is left with a less number of counsellors than that to which it is entitled, the vacancy shall be filled from the said district.

2. If the district from which the counsellor is dropped should still have the number to which it is entitled, the Board of Censors shall designate which district shall have the privilege of selecting a counsellor to fill the vacancy.

3. That when it becomes the duty of the Board to apportion counsellors they shall be distributed among those districts in which the greater number of vacancies exist.

State Health Officer Pro-tem.

During the absence of our late distinguished Health Officer, Dr. W. H. Sanders, from the State in 1916, the question of a competent person to act as Health Officer, under the law, was

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brought to the attention of the Board. On investigation it was found that neither Dr. Sanders nor the Board was legally empowered to appoint a suitable person to act in the place of the State Health Officer during disability or absence from the State of the State Health Officer.

To meet such a contingency as is liable, at any time, to arise in the future the Board submits the following ordinance and recommends its adoption:

Ordinance Providing for a State Health Officer Pro-tem.

1. Be it ordained by the Medical Association of the State of Alabama, that in case of the contemplated absence of the State Health Officer from the State, or in case of his disability from any cause of such character as would interfere with the proper discharge of his official duties, he shall appoint, with the approval of the Board of Censors, a suitable person to act as a substitute for him as State Health Officer.

2. The acts of the person so appointed shall have the same force and effect of law as if performed by the State Health Officer.

3. In the event of the failure on the part of the State Health Officer to appoint a person to act for him during his absence or disability, the Board of Censors is hereby directed to make such an appointment, if in their judgment the same should be necessary, said appointee to enjoy all the powers at law which pertain to the State Health Officer.

4. The salary of the person appointed to act as State Health Officer pro tem. shall be paid by the State Board of Censors, out of the fund set aside as the salary of the State Health Officer.

Resolution By Drs. Mason and Ledbetter.

April 18, 1918.

Resolved, That this Association memoralize the Legislature of Alabama to appropriate the sum of $250,000 per annum for the maintenance of the public health system of the State.

(Signed) S. L. Ledbetter, M. D.,
E. M. Mason, M. D.,
Delegates from Jefferson County.

The Board heartily recommends the adoption of the above resolution.

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Resolution Introduced By Dr. P. B. Moss, Selma.

Whereas, **This Association, composed of the representatives of the qualified medical profession of Alabama, is peculiarly qualified to appreciate the importance of certain legislation pertaining to the Medical Corps of the United States Army, now pending in Congress, and, being inspired by patriotic motives, wishes to see used every proper means by which this world's war may be most speedily ended.**

Therefore, Be It Resolved, **By the Medical Association of Alabama, now in annual session at Birmingham, that we heartily endorse the bill now in Congress which provides for increased rank for officers of the Medical Corps, this bill being known in the Senate as the Owen Bill and in the House as the Dyer Bill, and urge our representatives in Congress to use every proper means to secure its prompt passage.**

Be It Further Resolved, **That the Secretary of this Association be instructed to promptly communicate to our representatives in Congress the action of this Association on this resolution.**

P. B. Moss.

The Board recommends the adoption of the above resolution.

Resolution of Dr. S. H. Welch.

Be It Resolved, **By the Medical Association, that such steps as are necessary be taken to remit the dues of all members now enlisted in the Army or Navy, and all who shall enlist until the end of the war.**

S. H. Welch,
Delegate Jefferson County.

This resolution involves a change in the Constitution and must lie over for one year. The Board feels, however, that it is the patriotic duty of the Association to remit the dues of all of its members who are serving under the flag, and on the advice of Judge S. D. Weekley recommends the adoption of the following resolutions:

Resolved, **That the payment of all dues and the attendance on meetings by members of the Association who have enlisted or may enlist in the Army and Navy of the United States be and are hereby suspended pending the amendment of the Constitution permanently remitting the said dues for the duration of the war.**

This perhaps is not, strictly speaking, a parliamentary procedure, but we feel that it is justified as a war measure.

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PART II OF REPORT OF THE BOARD OF CENSORS.

REPORT OF EXAMINATIONS HELD BY THE STATE BOARD OF MEDICAL EXAMINERS, JANUARY AND JULY, 1917.

SUMMARY.

Total number of applicants examined	67
Total number granted certificates	45
Total number refused certificates	22
Number issued *pro forma* certificates	2
Percentage of rejections	38.6

EXAMINATION HELD JANUARY, 1917.

Number of applicants examined	22
Number granted certificates	12
Number refused certificates	10
Number issued *pro forma* certificates	1
Percentage of rejections	45.5

EXAMINATION HELD JULY, 1917.

Number of applicants examined	45
Number granted certificates	33
Number refused certificates	12
Number issued *pro forma* certificates	1
Percentage of rejections	26.6

SUCCESSFUL APPLICANTS—JANUARY EXAMINATION, 1916.

Bean, James Robbins.
Faris, William Elbert.
Horn, Samuel Wilson.
Kinkead, Kyle Johnston.
Long, Daniel James.
Meyer, Jerome.
Morgan, James Orville.
Nicholson, Lemuel Bradford.
Phillips, James Herman.
Sherman, Edgar Payne.
Spencer, Octavius Manlius.
Tatum, Wm. Briggs.

Pro forma certificates issued to Howard Priest, Surgeon United States Navy.

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SUCCESSFUL APPLICANTS—JULY EXAMINATION, 1916.

Austin, Burton Forsyth.
Bell, James Edgar.
Blue, George Eason.
Bragg, John Coleman.
Burkett, Wyatt Thomas.
Crenshaw, Fred.
Dixon, Robert Emmett.
Durden, John Decatur.
Dykes, Hillie Robert.
Ellis, John Thomas.
Eskew, Milner Hubbard.
Gamble, Thomas Owen.
Haisfield, Abram Raymond.
Hall, Burtis Olson.
Hughes, John Walter.
Jones, Carl Thomas.
Lawrence, Cladius Owen.
Moorer, Monte Leroy.
Morgan, John Ralph.
McCorkle, Frank White.
McPherson, Chas. A. Judson.
Norton, Thos. Gaines.
Rousseau, Gilbert Alfred.
Rowe, Jos. Flournoy.
Rowe, Mercer.
Ryan, John Morgan.
Sherrill, John Doke.
Sorrell, Lewis Edmond.
Thomas, Benjamin Franklin.
Young, Luther Throngberry.
Young, Paul T.
Underwood, Samuel Sellers.
(Special)
Hill, Rolla Bennett.

Pro forma certificate issued to Gleason Chandler Lake, Surgeon United States Public Health Service.

UNSUCCESSFUL APPLICANTS AS REPRESENTED BY COLLEGES.

Examination Held January, 1917.

Birmingham Medical College	3
Emory University	2
Meharry Medical College	2
Memphis Hospital Medical College	2
Tulane University	1
Total	10

UNSUCCESSFUL APPLICANTS AS REPRESENTED BY COLLEGES.

Examination Held July, 1917.

Birmingham Medical College	5
Memphis Hospital Medical College	2
N. C. Medical College	1

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University of Tennessee	1
Jefferson Medical College	1
Meharry Medical College	1
University of Oklahoma	1
Total	12

FINANCIAL STATEMENT FOR THE FISCAL YEAR ENDING SEPTEMBER 30TH, 1917.

THE STATE BOARD OF HEALTH

In Account with

THE STATE OF ALABAMA.

RECEIPTS.

Balance on hand September 30, 1916	$ 271.06
Cash received from State Treasurer for year	25,000.00
Cash received for month of January, 1912	2,083.33
By error shown on bank book	.02
Reimbursement to Sanitary Engineer from Ala. Power Co.	10.20
Reimbursement to Sanitary Engineer from Ala. Power Co.	23.27
Reimbursement to Dr. Salter from International Health Board	25.00
Reimbursement to Sanitary Engineer from Ala. Power Co.	10.00
Reimbursement to Sanitary Engineer from Ala. Power Co.	16.81
Refund of unused mileage by Sanitary Engineer	20.00
Total Receipts	$ 27,459.69
Total Expenditures	27,302.20
Balance on hand September 30th, 1917	$ 157.49

DISBURSEMENTS.

Date		*Items*	*Amount*
Oct.	5	Southern Express Company	$ 4.68
	6	Dr. Paul P. Salter, expense account	25.00
	16	J. V. Donley, balance due on expense account	9.36
	16	Dr. Paul P. Salter, expense account	25.00
	17	Dr. Wm. W. Dinsmore, expense account	11.16
	26	J. V. Donley, expense account	20.26

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Date		Items	Amount
	26	D. Van Nostrand, book for Sanitary Engineer	1.50
	31	Dr. W. H. Sanders, October salary	416.66
	31	Dr. H. G. Perry, October salary	200.00
	31	Miss Bertha Perry, October salary	90.00
	31	Dr. Wm. W. Dinsmore, October salary	65.00
	31	Dr. Paul P. Salter, October salary	125.00
	31	J. V. Donley, October salary	150.00
	31	Miss Catherine Dent, October salary	50.00
	31	Dr. B. L. Arms, October salary	208.33
	31	Dr. J. W. McCall, October salary	125.00
	31	Joe Allen, October salary	40.00
	31	Mrs. Rebecca Cain, October salary	50.00
	31	Brown Printing Company, on account	100.00
	31	Mercantile Paper Company, on account	100.00
	31	Burroughs Adding Machine Co.	25.00
Nov.	1	Dr. Paul P. Salter, expense account	11.57
	3	McGraw-Hill Book Co., Inc.	9.50
	3	Montgomery Map and Blue Print Company	2.00
	3	W. A. May and Green Mercantile Co.	1.05
	3	Tresslar's Studio	1.05
	3	H. A. Loveless	1.19
	3	Western Union Telegraph Co.	5.14
	3	Reeves-Owen Electric Co.	2.75
	3	Dr. L. W. Johnston, expense account	4.26
	3	Southern Express Company	2.82
	17	W. F. Lytle, work on shelves	9.10
	17	J. V. Donley, expense account	63.41
	20	Dr. H. G. Perry, expense account	11.25
	20	Dr. Paul P. Salter, expense account	10.40
	24	Southern Bell Telephone Co.	52.75
	24	W. F. Lytle	3.70
	29	Dr. W. H. Sanders, November salary	416.66
	29	Dr. H. G. Perry, November salary	200.00
	29	Miss Bertha Perry, November salary	90.00
	29	Dr. Wm. W. Dinsmore, November salary	65.00
	29	J. V. Donley, November salary	150.00
	29	Dr. Paul P. Salter, November salary	125.00
	29	Miss Catherine Dent, November salary	50.00
	29	Dr. B. L. Arms, November salary	208.33
	29	Dr. J. W. McCall, November salary	125.00

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Date		Items	Amount
	29	J. G. Allen, November salary	40.00
	29	Mrs. Rebecca R. Cain, November salary	50.00
Dec.	7	Brown Printing Company, on account	100.00
	7	Dixie Printing Company	3.75
	7	Postal Telegraph Company	.97
	7	Addressograph Company	2.91
	7	Dr. L. W. Johnston, expense account	4.26
	7	Davant Typewriter Company	1.50
	7	Western Union Telegraph Company	9.90
	11	C. T. Fitzpatrick, postage	10.00
	14	Dr. Paul P. Salter, expense account	18.61
	15	J. V. Donley, expense account	30.00
	22	C. T. Fitzpatrick, box rent	2.00
	26	J. V. Donley, expenses	35.00
	30	Dr. W. H. Sanders, December salary	416.66
	30	Dr. W. W. Dinsmore, December salary	65.00
	30	Dr. H. G. Perry, December salary	200.00
	30	Miss Bertha Perry, December salary	90.00
	30	Dr. Paul P. Salter, December salary	125.00
	30	J. V. Donley, December salary	150.00
	30	Miss Catherine Dent, December salary	50.00
	30	Dr. B. L. Arms, December salary	208.33
	30	Dr. J. W. McCall, December salary	125.00
	30	J. G. Allen, December salary	40.00
	30	Mrs. Rebecca Cain, December salary	50.00
	30	Brown Printing Company, on account	500.00
1917.			
Jan.	3.	Times Publishing Company	3.00
	3	Age-Herald Publishing Company	7.30
	3	American Medical Association	16.00
	3	Watts Publishing Company	2.00
	3	Ed. C. Fowler	5.00
	3	Southern Express Company	3.67
	4	Western Union Telegraph Company	1.15
	8	C. T. Fitzpatrick, postage	10.00
	11	Dr. B. L. Wyman, expense account	13.51
	13	Dr. W. W. Dinsmore, advance expense account	15.00
	22	Dr. W. W. Dinsmore, balance due	12.27
	24	C. T. Fitzpatrick, postage	30.00
	26	C. T. Fitzpatrick, postage	21.56

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Date		Items	Amount
	31	Dr. S. W. Welch, salary for 9 days	120.97
	31	Dr. W. H. Sanders, salary for 22 days	295.69
	31	Dr. Paul P. Salter, salary for January	137.50
	31	J. V. Donley, salary for January	158.33
	31	Dr. W. W. Dinsmore, salary for January	65.00
	31	Dr. H. G. Perry, salary for January	200.00
	31	Miss Bertha Perry, salary for January	90.00
	31	Dr. B. L. Arms, salary for January	208.33
	31	Dr. J. W. McCall, salary for January	137.50
	31	J. G. Allen, salary for January	40.00
	31	Mrs. Rebecca Cain, salary for January	50.00
	31	Miss Catherine Dent, salary for January	50.00
Feb.	2	Miss Margaret Perry, 21½ days at $1.50 per day	32.25
	2	Mrs. J. H. Perry, 21½ days at $1.50 per day	32.25
	2	Southern Express Company	6.97
	7	Brown Printing Company, on account	500.00
	7	The Lancaster Trust Co. (H. M. Alexander Co.)	100.00
	7	Chas. A. Johnston, lettering certificates	3.00
	7	Montgomery Map and Blue Print Company	5.00
	7	Dixie Printing Company	3.00
	7	Western Union Telegraph Company	1.67
	7	Addressograph Company	1.90
	7	Dr. V. P. Gaines, expense account	21.35
	7	Dr. S. W. Welch, expense account	18.23
	7	Dr. D. F. Talley, expense account	13.46
	7	Dr. S. G. Gay, expense account	8.45
	7	Dr. S. W. Welch, expense account	18.50
	7	Dr. Paul P. Salter, expense account	6.31
	12	Dr. Paul P. Salter, expense account	19.91
	12	R. L. Worley, stenographic fee	2.50
	12	Dr. S. W. Welch, expense account	4.22
	14	Montgomery Advertiser, subscription 1 year	7.80
	15	Dr. Paul P. Salter, mileage	20.00
	20	Lancaster Trust Co. (H. M. Alexander)	1,807.05
	22	Dr. S. W. Welch, expense account	15.18
	22	Dr. H. G. Perry, expense account	22.80
	24	Dr. Paul P. Salter, expense account	11.15
	28	Dr. S. W. Welch, February salary	416.66
	28	Dr. Wm. W. Dinsmore, February salary	65.00
	28	Dr. H. G. Perry, February salary	200.00

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Date		Items	Amount
	28	Miss Bertha Perry, February salary	90.00
	28	Dr. Paul P. Salter, February salary	150.00
	28	J. V. Donley, February salary	166.66
	28	Miss Catherine Dent, February salary	50.00
	28	Dr. B. L. Arms, February salary	208.33
	28	Dr. J. W. McCall, February salary	150.00
	28	J. G. Allen, February salary	40.00
	28	Mrs. Rebecca R. Cain, February salary	50.00
Mar.	2	J. V. Donley, mileage	20.00
	2	Southern Express Company	7.65
	8	Southern Bell Telephone Company	10.35
	8	H. M. Alexander & Company	11.00
	8	Dixie Printing Company	2.50
	8	Davant Typewriter Company	.75
	8	Western Union Telegraph Company	2.75
	8	McGehee Bros.	2.15
	8	Dr. B. L. Arms, expense account	2.76
	8	Brown Printing Company, on account	600.00
	8	Mercantile Paper Company, on account	100.00
	8	Dr. S. W. Welch, expense account	4.88
	8	Dr. Paul P. Salter, expense account	7.15
	14	Dr. Paul P. Salter, advance expense account	25.00
	19	Birmingham News, subscription	6.00
	27	J. V. Donley, balance on account to date	4.24
	30	C. T. Fitzpatrick, box rent	2.00
	31	Dr. S. W. Welch, March salary	416.66
	31	Dr. Wm. W. Dinsmore, March salary	65.00
	31	Dr. H. G. Perry, March salary	200.00
	31	Miss Bertha Perry, March salary	90.00
	31	Miss Catherine Dent, March salary	50.00
	31	J. V. Donley, March salary	166.66
	31	Dr. Paul P. Salter, March salary	150.00
	31	Dr. B. L. Arms, March salary	208.33
	31	Dr. J. W. McCall, March salary	150.00
	31	J. G. Allen, March salary	40.00
	31	Mrs. Rebecca R. Cain, March salary	50.00
	31	J. V. Donley, mileage	20.00
Apr.	3	Brown Printing Company	300.00
	3	American Multigraph Sales Company	34.89
	3	Samuel D. Weakley	100.00

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Date		Items	Amount
	3	Addressograph Company	1.20
	3	Peerless Key Company	7.00
	3	Southern Express Company	1.64
	3	Western Union Telegraph Company	3.48
	3	Dr. S. W. Welch, expense account to Mobile	14.80
	4	C. T. Fitzpatrick, postage	40.00
	10	J. V. Donley, expense account	12.30
	11	Davant Typewriter Company	1.00
	13	Dr. Paul P. Salter, mileage	20.00
	13	Dr. Paul P. Salter, advance expense account	15.00
	18	J. V. Donley, expense account	8.70
	12	J. V. Donley, mileage	20.00
	30	Dr. S. W. Welch, April salary	416.66
	30	Dr. W. W. Dinsmore, 7 days at $5.50 per day	38.50
	30	Dr. H. G. Perry, April salary	200.00
	30	Dr. Paul P. Salter, April salary	150.00
	30	J. V. Donley, April salary	166.66
	30	Miss Catherine Dent, April salary	55.00
	30	Dr. B. L. Arms, April salary	208.33
	30	Dr. J. W. McCall, April salary	150.00
	30	J. G. Allen, April salary	40.00
	30	Mrs. Rebecca R. Cain, April salary	50.00
	30	Dr. C. A. Mohr, expense account	15.46
	30	Montgomery Daily Times	3.00
	30	Dr. S. W. Welch, advance expense account	75.00
	30	Southern Typewriter Exchange	1.20
	30	Davant Typewriter Company	4.50
	30	Percy, Benners and Burr, attorney fee	50.00
	30	Samuel D. Weakley, attorney fee	50.00
	30	National Child Welfare Exhibit Association	25.00
	30	Southern Bell Telephone Company	13.70
	30	Brown Printing Company	200.00
	30	J. V. Donley, expense account	11.05
	30	Dr. Paul P. Salter, mileage	20.00
	30	J. V. Donley, mileage	20.00
May	12	Southern Express Company	2.08
	12	Western Union Telegraph Company	5.06
	12	J. V. Donley, expense account	7.50
	12	McGehee Bros.	.55
	12	Wallace and Tierman Company, New York	22.63

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Date	Items	Amount
19	Birmingham Court Reporting Company	7.50
19	Dr. Paul P. Salter, mileage and expense account	45.00
19	Dr. S. W. Welch, balance due on expense account	5.76
19	Dr. S. W. Welch, expense account	13.48
19	J. V. Donley, expense account	12.00
31	Dr. S. W. Welch, May salary	416.66
31	Dr. J. G. Perry, May salary	200.00
31	Miss Catherine Dent, May salary	55.00
31	J. V. Donley, May salary	166.66
31	Dr. Paul P. Salter, May salary	150.00
31	Dr. B. L. Arms, May salary	208.33
31	Dr. J. W. McCall, May salary	150.00
31	Mrs. Rebecca R. Cain, May salary	50.00
31	J. G. Allen, May salary	40.00
31	Southern Bell Telephone Company	4.75
31	Addressograph Company	2.91
31	Brown Printing Company, on account	300.00
31	Miss Margaret Perry, 4 days services at $40.00 month	5.32
31	Hobbie Motor Car Co.	1.00
31	Doster Northington Company, Birmingham	14.35
31	Samuel D. Weakley, in full	67.40
31	Percy Benners and Burr, in full	61.25
31	H. K. Mulford Co., on account	50.00
31	Dr. S. W. Welch, expense account, Gadsden	14.43
31	Southern Express Company	3.31
June 2	Dr. H. G. Perry, expense account Fort Payne	16.25
2	Western Union Telegraph Company	3.51
2	Dr. H. G. Perry, mileage	20.00
14	Dr. S. W. Welch, expense account Washington	15.65
15	J. V. Donley, expense account	24.10
15	Age-Herald Publishing Company, subscription	6.00
15	J. V. Donley, expense account	20.00
15	Dr. Paul P. Salter, mileage	20.00
19	Dr. H. G. Perry, expense account	9.90
30	C. T. Fitzpatrick, postage	20.00
30	Dr. S. W. Welch, June salary	416.66
30	Dr. H. G. Perry, June salary	200.00
30	Miss Catherine Dent, June salary	55.00
30	Dr. Paul P. Salter, June salary	150.00

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Date		Items	Amount
	30	J. V. Donley, June salary	166.66
	30	Miss Grace Wooten, salary 1 month and 3 days	44.00
	30	Dr. B. L. Arms, June salary	208.33
	30	Dr. J. W. McCall, June salary	150.00
	30	Cummings McCall, June salary	60.00
	30	Mrs. Rebecca R. Cain, June salary	50.00
	30	C. T. Fitzpatrick, box rent	2.00
	30	Miss Margaret Perry, June salary	40.00
July	6	Dr. Eugene R. Kelly	10.00
	6	C. T. Fitzpatrick, postage	10.00
	6	Dr. S. W. Welch, expense account	34.02
	7	Dr. Paul P. Salter, expense account	17.24
	7	Dr. Paul P. Salter, advance expense account	75.00
	7	J. V. Donley, mileage	20.00
	11	Dr. O. S. Justice, reimbursement attorney fee	50.00
	11	Brown Printing Company, on account	200.00
	11	Montgomery Map & Blue Print Company	6.10
	11	H. M. Alexander & Co., on account	10.00
	11	Mercantile Paper Company on account	25.00
	11	H. K. Mulford Company, on account	25.00
	19	Montgomery Journal, subscription 1 year	6.00
	19	J. V. Donley, expense account	24.71
	19	J. V. Donley, expense account	10.00
	24	J. V. Donley, mileage	20.00
	24	Dr. S. W. Welch, expense account Washington County	16.30
	28	J. V. Donley, expense account	10.19
	28	Dr. H. G. Perry, expense account	7.10
	28	Dr. H. G. Perry, mileage	20.00
	31	Dr. S. W. Welch, July salary	416.66
	31	Dr. H. G. Perry, July salary	200.00
	31	Miss Catherine Dent, July salary	55.00
	31	Dr. Paul P. Salter, July salary	150.00
	31	J. V. Donley, July salary	172.21
	31	Miss Alice Doyle, 1 month and 4 days at $75.00 per month	85.00
	31	Dr. B. L. Arms, July salary	208.33
	31	Dr. J. W. McCall, July salary	150.00
	31	Cummings McCall, July salary	60.00
	31	Mrs. Rebecca R. Cain, July salary	50.00

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Date		Items	Amount
	31	Miss Margaret Perry, July salary	40.00
Aug.	2	Southern Express Company	7.79
	2	Dr. Paul T. Young, advance expense account	35.00
	2	Mr. C. A. Johnson, lettering certificates	8.00
	4	Jos. Wing, for lock	2.50
	4	C. T. Fitzpatrick, envelopes	89.92
	7	Brown Printing Company, on account	200.00
	7	Western Union Telegraph Company	8.91
	7	Mercantile Paper Company, on account	25.00
	7	H. K. Mulford Company, on account	25.00
	7	H. M. Alexander & Co., on account	10.00
	7	T. Fitzwilliam Co., lithographing certificates	35.18
	7	J. V. Donley, expense account	5.01
	7	Southern Bell Telephone Company	14.40
	8	Dr. H. G. Perry, expense account Marion county	19.50
	9	Montgomery Map & Blue Print Company	1.60
	9	Dr. D. F. Talley, expense account	11.11
	10	Dr. S. W. Welch, expense account	8.31
	14	Dr. S. W. Welch, expense account	8.32
	14	Dr. S. W. Welch, expense account	19.86
	14	J. V. Donley, expense account	7.70
	14	J. V. Donley, mileage	20.00
	15	Dr. Fred Crenshaw, on account laboratory service	20.00
	30	Abbott Laboratories	1.00
	30	Dr. Fred Crenshaw, laboratory service	20.00
	31	Dr. Fred Crenshaw, balance due	43.33
	31	Dr. S. W. Welch, expense account	13.21
	31	Dr. S. W. Welch, August salary	416.66
	31	Dr. H. G. Perry, August salary	200.00
	31	Miss Catherine Dent, August salary	55.00
	31	Miss Alice Doyle, August salary	75.00
	31	J. V. Donley, August salary	175.00
	31	Dr. Paul P. Salter, August salary	150.00
	31	Dr. J. W. McCall, August salary	150.00
	31	Cummings McCall, August salary	60.00
	31	Mrs. Rebecca R. Cain, August salary	50.00
	31	Miss Margaret Perry, August salary (half month)	20.00
	31	Dr. J. P. Chapman, expense account	11.16
	31	Dr. H. G. Perry, expense account	8.20
	31	J. V. Donley, expense account	20.89

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Date		Items	Amount
Sept.	1	Southern Express Company	1.45
	1	C. T. Fitzpatrick, postage	20.00
	1	J. V. Donley, mileage	20.00
	1	Dr. Paul P. Salter, expense account	51.58
	4	Brown Printing Company, on account	200.00
	5	Mrs. Rebecca R. Cain, 5 days at $1.66 per day	8.30
	5	Dr. H. G. Perry, mileage	20.00
	5	C. T. Fitzpatrick, envelopes	11.06
	7	Dr. S. W. Welch, expense account	12.05
	10	J. V. Donley, expense account	18.36
	10	Dr. J. W. McCall, salary 10 days	50.00
	10	Cummings McCall, salary 10 days	20.00
	12	J. V. Donley, expense account	11.46
	12	Western Union Telegraph Company	12.65
	14	Dr. S. W. Welch, expense account	7.87
	20	J. V. Donley, expense account	14.76
	20	Anniston Evening Star, 1 year	3.00
	20	Dr. S. W. Welch, expense account	24.50
	20	Miss Catherine Dent, extra services in laboratory	40.00
	20	C. T. Fitzpatrick, box rent	2.00
	24	Dr. H. G. Perry, expense account Birmingham	4.00
	25	L. A. Keene	9.36
	26	Dr. J. T. Hayes	1.10
	29	Dr. S. W. Welch, September salary	416.66
	29	Dr. H. G. Perry, September salary	200.00
	29	Miss Margaret Perry, September salary	40.00
	29	Miss Alice Doyle, September salary	75.00
	29	J. V. Donley, September salary	175.00
	29	Dr. Paul P. Salter, September salary	150.00
	29	O. K. Powell, Jr., September salary	50.00
	29	Miss Minnie Gorrie, stenographer, laboratory, salary 17-30	23,13
	29	Dr. B. L. Wyman, expense account	4.02
	29	American Public Health Association	5.00
	29	Southern Express Company	2.80
	29	Dr. S. W. Welch, expense account	17.07
	29	Brown Printing Company, on account	400.00
	29	Brooks and McMillan, on account	25.00
	29	H. K. Mulford, on account	25.00
	29	D. Appleton & Co.	6.50

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Date	Items	Amount
29	Mercantile Paper Company, on account	50.00
29	Dr. F. E. Harrington, expense account	1.75
29	Montgomery Map & Blue Print Co.	5.50
29	Addressograph Company	5.06
29	Western Union Telegraph Company	6.99
29	Dr. C. A. Mohr, expense account (July)	16.00
29	Dr. C. A. Mohr, expense account (October)	14.00
Oct. 10	J. V. Donley, salary and expenses	67.00
10	Dr. C. A. Grote, expense account	3.50
10	Dr. W. A. Leland	1.50
10	C. T. Fitzpatrick, envelopes	87.36
10	Dr. B. L. Wyman, expense account	11.36
10	Dr. H. G. Perry, advance expense account	120.00
	Total Expenditures	$ 27,302.20
	Balance on hand September 30, 1917	157.49
		$ 27,459.69

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ACTION ON THE REPORT OF THE BOARD OF CENSORS.

The sections of the report dealing with the President's message were adopted as read.

The section of the report dealing with the minutes of the 1917 meeting was adopted as read.

The section of the report in regard to the Senior Vice-President was adopted as read.

The section of the report dealing with the report of the Junior Vice-President was adopted as read.

The section of the report dealing with the books of the State Health Officer and the books of the Treasurer, was adopted as read.

The section of the report dealing with the State Committee on First Aid was adopted as read.

The section of the report dealing with the committees who were unable to make reports, owing to the chairmen being in service in the Medical Reserve Corps, was adopted as read.

The section of the report regarding the report of the State Health Officer was adopted as read.

The section of the report regarding the contamination of streams was adopted as read.

The section of the report dealing with public aid of all sorts was adopted as read.

The section of the report dealing with the license and practice of physicians was adopted as read.

The section of the report regarding the resolution presented by Dr. W. H. Moon was adopted as read.

The section of the report dealing with the reporting of venereal diseases was adopted as read.

The section of the report dealing with the Cameron resolution called forth some discussion.

Dr. M. B. Cameron, Eutaw: In looking around upon the members of the Association who are here, it looks futile to attempt to carry this resolution over the opinion of the Board of Censors, and it's probable that I'm butting my head against a brick wall. Notwithstanding that I shall not fail to rise and endeavor to do my duty as I see it.

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Now, the State Health Officer says that the election of a member of the Board of Censors from each district may deprive the State Medical Association and the State of Alabama of the services of some of its most important members. That may be true, but the effect of the conditions that have held forth before, where three members of the Board elected respectively from two districts has deprived the State of Alabama of the services of men who are just as competent and who will make just as efficient members of that Board. We are soon to come before the State Legislature asking for an increased appropriation, probably enlarging the appropriation three-fourths—maybe more, and we ought to get it, but how are you going to get it? You have to go before the State Legislature and work before the members of that body. I want to appeal to you that the members of that Legislature take every opportunity to kill any increased appropriation to the State Board of Health. That will be an opportunity to oppose it when they see that the different sections of the State are not represented. If there is a representative from every congressional district that will assure there being a better consideration. What does a member from Mobile know of the representatives of the Legislature from the other sections of the State? What is the influence of a citizen of Southern Alabama who is not acquainted with one single man from the other sections who may be a member of the Legislature? His influence is futile—it amounts to nothing. If there is a member from every congressional district he is likely to be acquainted with the members of the Legislature from that district and can use his efforts in furthering the health matters of this State.

I have heard no reason advanced as to why each congressional district should not be represented on the State Board of Censors. Is there a single reason why? The only reason they give is that it may deprive the State of some member who is on that Board who is an effective man. That is their only reason. Is there a man here from the sixth, or eighth or ninth district of Alabama who will say he has not got a man who will make just as competent a member as the ones who are on the Board? If so, that kills the contention made by the State Health Officer.

Every district has a right to be represented on the State Board and there is no reason why they should not be. Local

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conditions arise in the State that should be looked after. Conditions that a man in Montgomery, Birmingham and Mobile will not be acquainted with, but if there is a member from every district he is going to be in touch with them and he is going before that State Board and have those conditions remedied. I see no reason why this should not be adopted. I see no reason why three counties should control the health matters of the State of Alabama. I see no reason why each congressional district should not be represented on this State Board. It is a matter of justice to the State of Alabama and should appeal to every member of this Association.

Now we all know—any member who has attended the meetings of this State Association knows—how these members are influenced to be elected. Some man goes and says to another, "Vote for so and so on the State Board; this man is coming up for re-election, elect him again," and in that way these positions are filled. How do these resolutions provide that they shall be filled? They provide that when a vacancy exists on the State Board of Censors it shall be filled from congressional districts that are not represented on the Board, numerically by the counsellors and delegates from said congressional district meeting on the second day of the session of the Association, and selecting the names of two qualified members from said district, and submitting them to the Association on the day of election of officers, and the Association shall select one of these as a member of the State Board of Censors.

This gives the members from each congressional district the right to say who shall represent them, which is a privilege dear to the hearts of the people, and it gives the Association as a body the right to select one from two names submitted.

We are fighting today on the Western Front in Europe for universal democracy. Shall the State Board of Health of Alabama go on record as putting its foot down on the neck of democracy and say we will leave in force an autocratic form of government? Is that democracy? Is that not giving me and every member of this Association the right of saying who shall be on the State Board of Health from their district. It is nothing but justice and right that the congressional district shall say who shall be the representative on this Board. There is no argument against it and I appeal to you to over-ride the State Board of Health and let us have a representative from

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every district in this State upon the State Board of Health. (Applause.)

Dr. S. W. Welch: It always is a source of regret to me to have to take issue with my friend, Dr. Cameron, on any proposition. Our long association on the Board of Censors and in the State Medical Association has given to me the most profound respect for his views and his fighting qualities, and it is with genuine regret that I am compelled to disagree with him on this particular occasion, regarding the resolutions which he has twice introduced. If I could have done so conscientiously I most surely would have favored them on his account, because I respect his judgment and, as I said before, I respect his fighting qualities. But it will be a sad day, gentlemen, for the State Medical Association when the qualifications for membership on the State Board of Censors are defined by geographical lines. It is a mistake to conclude that the three cities of the State dominate the Board of Censors. That is a wrong conclusion. It is a mistake to imagine that any portion of the State dominates the election of the members of the Board of Censors. I was amused at my distinguished friend's description of how the members of the State Board of Censors were elected. I wonder if the same plan would obtain in the election when only one-tenth of the members of the Association would have to be seen, in each case. The State Board of Censors does not represent the districts of Alabama. That is a wrong conclusion. It is elected by the counsellors and the delegates. The delegates represent the counties and the counsellors the districts, and that composes the State Association of Alabama. When they come together in convention assembled they represent the State of Alabama from which they elect the Board of Censors.

It is a wrong conclusion to say that these men would represent the State or public conditions in their district, any better than at present. In a large majority of cases they would know nothing about the health conditions which obtain except in their own district and probably not in that. Health matters in Alabama are referred to the county. It is the business of the county boards of health and the municipal boards to keep the State Board in touch with the conditions in their respective counties. The Board of Censors is simply the executive body of the Association, and all questions of public policy

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come up from the unit, are reported to this Association and referred to the Board for its action. We represent the Association in its entirety. If the members all came from one city what would it matter? The State has been represented by two senators from one small town in the State, but no man would say they did not represent the State of Alabama! (Applause.) The two senators who now represent the State came from adjoining counties, and no one would say that they do not represent the whole State of Alabama, and it cannot be said that the Board of Censors, though they be taken from Birmingham—every one of them—would not represent the State of Alabama, because they are elected by the Association of Alabama. They should not be limited to geographical lines, but they should be elected for their fitness.

There is no good reason today why every district should not be represented. If you have a better man in your district than is obtainable in Montgomery or Birmingham there is no reason why you should not elect him, but you should not be forced to elect him because he does live there. He may be eligible, you may elect him, and if he is equally fitted for the position with the other man he ought to be elected. But, gentlemen, a man should not be penalized for living in Birmingham, Mobile or Montgomery (although, I admit it is more or less an offense). Should we confine the election of the members of the Board of Censors to geographical lines we would exclude probably some of our best timber.

There is another situation: Country doctors, the majority of whom face me today, know very well when they leave home it is very hard to find a man to do their work until they get back, but the man in the city can always find a better doctor in the next block to turn his patients over to. With the man from the district who is qualified in every way to be a censor it is not easy for him to find another man to do his work and it makes it desperately hard to get these men to attend the meetings of the Board. We had a trial this last summer; we got the men from Birmingham and Montgomery together, but we had to have eight and the other men had no one with whom to leave their work. The consequence was that at a considerable expense to the Board a few of us met in Birmingham, but we did not have a quorum with which to work.

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Aside from that, qualification for membership on the Board of Censors is not limited to professional ability. They must have the quality of having a fight in the morning and be able to come back smiling in the afternoon. Have a fight in the evening and come back smiling the next morning. Not every man can do that. In electing those members they should not only be men who stand high for professional qualities, but they should be good "bunchers." They can't be found in every locality. The Association has maintained a practice of finding a man with those qualities and then keeping him in training for the work he has to do. That is a tribute to the good sense of the Association.

I insist, gentlemen, that it would be a great blunder for us to adopt the resolutions of our distinguished friend from Eutaw.

Dr. M. B. Cameron: I move that this portion of the report of the Board of Censors be laid on the table. Seconded.

The President: You have heard the question. You understand what the Cameron resolution is. The Board reports unfavorably, that it be not adopted. The Cameron motion is that that part of the report of the Board of Censors be not concurred in. All who are in favor of not concurring let it be known by saying "I."

The motion was defeated.

On motion, seconded and carried, this portion of the report was adopted as a whole.

The section of the report dealing with the amendments as finally submitted by Dr. W. H. Sanders.

Dr. Welch: I move that the amendments to the Constitution be taken up and read and adopted separately. Seconded and so ordered.

Section one was adopted as read.
Section two was adopted as read.
Section three was adopted as read.
Section four was adopted as read.
Section five was adopted as read.
Section six was adopted as read.
Section seven was adopted as read.
Section eight was adopted as read.
Section nine was adopted as read.
Section ten was adopted as read.

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Section eleven was adopted as read.

Section twelve was adopted as read.

It was moved by Dr. Welch that the amendments to the Constitution of the State Association be adopted as a whole. Seconded and carried.

The section of the report dealing with the resolutions and ordinances.

Section One. The ordinance providing for giving notice of time and place of assembly.

Section one adopted as read.

Sections two and three regarding selection of counsellors.

Dr. R. S. Hill, Montgomery: The State Health Officer says, "to which the district is entitled." Have we a law that tells how it is to be decided to what each district is entitled?

Dr. Perry: I would like to answer that question, Mr. President. The total number of members of the Association is ascertained. Dividing the total number of members by 100 will give the proportion on which to elect counsellors. At present there is one counsellor for every 17.3 members. The number of members in each congressional district is computed, and that number divided by 17.3 will indicate the number of counsellors to which the district is entitled. It is practically impossible to always keep the number of counsellors properly proportioned among the districts. Sometimes one district will have more than its share and another one less than its share. The object of the proposed ordinance is to provide a method of equalizing the number of counsellors in the various districts.

The ordinance regarding the absence of the State Health Officer and the appointment of an Assistant Health Officer.

Dr. Hill: I would suggest the advisability of putting a limitation to the time of service of an Assistant Health Officer. It would hardly be right for a health officer who is disabled to draw a salary for years and at the same time an Assistant Health Officer draw a salary for doing the work. In other words, it would not be right to the State for a man to be paid for work that is being done by another man. It seems to me that there should at least be some limitation to the period in which this arrangement would be permitted.

Dr. W. H. Wilder, Birmingham, moved that instead of "provided" it should read, "shall be paid by the State Health

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Officer," so that no more than one man would be paid by the State.

Dr. Hill: I raised this point because we expect to apply to the Legislature for an increased appropriation and to do this we must show clean hands—that no part of this money is to be paid to doctors who are not at work. Suppose the Health Officer should be disabled but disinclined to pay the salary of an assistant who is needed to do the work of the office. I think the Board of Censors should have the power to pay the substitute or Assistant Health Officer out of the salary of the State Health Officer and not leave it entirely to the discretion of the State Health Officer as to what salary the substitute should receive. Some years ago we had a governor who not only was away from his office but away from the State for possibly two or more years and a distinguished representative of our profession as Lieutenant Governor served as Governor and both drew full salary. This, to my mind, was not right and was not just to the people. This instance emphasizes to me the importance of our going on record now before the Legislature convenes that no such thing will be tolerated by a department presided over by members of our profession.

Dr. J. U. Ray, Woodstock: The position of Dr. Hill is well taken in this matter, because for what Dr. Welch might propose to pay his substitute the substitute might be called upon to perform some duty involving the medical laws of the State of Alabama. If the salary was such that he would refuse to accept it the action would be null and void. Dr. Hill's idea is all right. Dr. Welch is all right, too; as long as he is Health Officer he is willing to pay a substitute out of his salary, but this would not be considered should the medical and legal professions get entangled. I move that it be amended to read, "The salary of the person appointed to act for the Health Officer be paid by the Board of Censors out of the salary of the State Health Officer. This shall terminate when the State Health Officer returns to duty."

Seconded, carried and so ordered.

The ordinance regarding spitting in public railroad coaches was adopted as read.

The resolution to request an increased appropriation from the State Legislature.

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Dr. T. D. Parke, Birmingham: I should like to offer an amendment, as follows:

Resolution Introduced By Dr. Thos. H. Parke as a Substitute for a Part of the Report of the Board of Censors.

Whereas, **our Country has entered the present great war, openly and avowedly, for the defense and for the extension of democracy and for the rule of the people, and**

Whereas, **the consensus of expert opinion favors and stresses the importance of having the people of a state feel responsibility for public health, and**

Whereas, **this Association heartily accepts the spirit and the ideals back of this great war movement; therefore,**

Be It Resolved, **That this Association hereby registers itself as favoring the establishment of a modern State Public Health system that shall represent democratic practice and that shall thereby create in our people an interest in and responsibility for their public health system co-equal with the interest and responsibility felt by them in their legal and educational systems.**

Be It Further Resolved, **That the incoming legislature be requested to pass the necessary laws for the prompt installation of such a public health system.**

Seconded by Dr. W. H. Wilder.

Dr. Welch: This action would not only amend the Constitution but the whole organic medical law of the State, and would have to be referred to the Board of Censors and lay over for a year. We have already spent forty-five years in organizing. We come up here every year and waste our time and do nothing but talk and remodel and reorganize.

After some discussion by Drs. T. D. Parke, Birmingham; R. S. Hill, Montgomery; D. L. Wilkinson, Birmingham; A. N. Steele, Anniston; and the President, Dr. William M. Faulk, Tuscaloosa, moved that the amendment of Dr. Parke be not adopted but be referred to the Board of Censors.

Dr. Parke: I introduced this resolution because I believe in action that amounts to something. I believe that the people in Alabama are going to change after this war,—that this war really means something. I believe that this belief in democracy is going to result in action. I want to say to you—just pardon

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me the digression—that I did all I could in 1915 to have the laws of this State changed. I have not changed my views in the least; I am in accord with the minds of the leading men in this country, and when one of these men was appealed to to provide for the State of Alabama the best public health system he could provide he sent a system that represented modern practice, the rule of the people, that people should feel as much interested in it as in any other subject. I happen to be a life counsellor and am perfectly willing to give it up, but when I heard that talk I could not help but think of conditions in Germany. We are going to be democrats after this and get in line with the procession. You may think that we are going to keep back the tide of democracy, but we are not. We may as well recognize it, and I am trying to get this before you, to get this before the Legislature and have them see that we are willing to align ourselves with this modern idea.

Dr. Welch: There are only forty-eight public health systems in the United States. Every state in the Union has a different health system and the success of each one depends upon two things: Brains and money. I might add to that, energy. The system in Alabama is sufficiently elastic to provide for the introduction of any workable plan which anybody can suggest, but there is no chance for us to get the money if we go down to the Legislature and say we have not got a health system that is worth a hurrah. We can use ours if we have money to work it with. If we have to say it will take us thirty-five or forty years for our ideals to crystallize around a new system what is the use of more money? None in the world! What we want from the next Legislature is money and we can't get it unless we go down there enthused with the good of the cause.

Dr. H. S. Ward moved that the main question be put.

The President: The previous question is in effect. All in favor of the previous question please stand. Carried.

The question is now upon the Parke resolution, that it be not adopted but referred to the Board of Censors. Carried and so ordered.

The main question is now before us, that the report of the Board of Censors on the Ledbetter-Mason resolution be adopted. Carried and so ordered.

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The section regarding the remittance of dues and attendance for all members in active service.

The motion, duly seconded, was adopted as amended.

Dr. Welch: A resolution was introduced yesterday by Dr. P. B. Moss, asking the Association to memorialize the members in Congress to support what is known as the Owen-Dyer Bill. That bill carries with it the law enabling the Surgeon General to appoint a certain number of men in the Medical Reserve Corps who will have equal rank with the line men in the United States Army. That has been made necessary because a major cannot speak unless he is ordered to speak in conference with his superior officers. A major, even though the best sanitarian in the whole army, if he is in company of his colonel or superior officers, could not speak. This bill provides for the appointment of a certain number of men so they may be on even rank.

That part of the report was adopted.

Dr. Welch: That completes the reading of the Part One.

It was moved and seconded that the section be adopted as a whole. Carried.

Dr. Welch: Part Two of the report consists of the Financial Statement and the report of the Board of Examiners. I have all these figures here and will read them to you if you wish.

Dr. Lewis C. Morris: I move that Part Two be adopted without being read. Carried and so ordered.

Part Three, consisting of the report of the Bureau of Vital Statistics, and the Laboratory, was adopted without reading.

On motion the Report of the Board of Censors was adopted as a whole.

Dr. R. S. Hill, Montgomery: I wish to call the attention of the Association to what I think was a little omission regarding the visit of the distinguished gentleman from Chicago who addressed us. I am sure we all feel grateful to him for coming here and delivering his splendid address on injuries of the head and neck. I, therefore, move you, Mr. President, that this Association instruct the Secretary to express to Dr. Beck the feeling of the Association and its gratitude to him for visiting us and for his masterly address.

Motion carried and so ordered.

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Dr. M. B. Cameron, Eutaw, introduced the following motion: (Motion regarding appreciation of the courtesies offered by the Jefferson county profession.) Seconded and carried.

The President: The next order of business is the revision of the rolls. The Secretary will call first the roll of county medical societies.

The Revision of the Rolls.

The Secretary: There are three duties for every county society to perform: First, sending an annual report; second, being represented by delegates; third, the payment of dues. All of the county societies have complied with their duties except as herein indicated.

Counties Delinquent in Their Obligations.

The following counties are delinquent in reports:

Chambers, Franklin, Lauderdale, Marshall, Russell.

The following are delinquent in delegates: Autauga, Blount, Colbert, Conecuh, Dale, Lawrence, Lowndes, Macon, Madison, Marshall, Monroe, Randolph, Russell.

The following counties are delinquent in the payment of dues: Blount, Chilton, Choctaw, Escambia, Hale, Lauderdale, Lowndes, Marshall, Russell, Tallapoosa, and Washington.

The President: All of the names of the counties not read are in good standing. Those counties reported delinquent in only two matters are passed and the State Board of Censors instructed to get the reports if possible. Two counties are delinquent in all three, Lowndes and Marshall. They are referred to the Board of Censors for action.

Revision of the Roll of Counsellors.

The Secretary: I have a list which contains in alphabetical order the names of the counsellors. It will be published without being read.

The Secretary: There is a second list containing in like order the names of all counsellors who are delinquent in dues or attendance.

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Delinquent Counsellors.

Counsellors delinquent in attendance, none.

Counsellors delinquent in payment of dues: M. T. Gaines and W. A. Stallworth, of the First District, and J. C. Taylor and M. S. White, of the Tenth District.

The President: You have heard the names of the counsellors who are reported as delinquent in their dues to the Association. Under the rules these names will be dropped from the roll of the college of counsellors and the persons concerned will be duly notified by the Secretary.

The Secretary: The third list, containing the names of all such counsellors who have died, offered their resignation, or moved.

Counsellor Resigned.

Dr. E. B. Ward, of the Fourth District.

Counsellors Who Have Died.

George T. McWhorter and William Henry Sanders, life counsellors, and L. P. Esslinger, H. W. Blair and J. T. Haney, of the Eighth District, and S. P. Hand, of the First District, all active counsellors.

The President: You have heard the lists and the names will be passed as read by the Secretary.

The Secretary: The following senior counsellors, having served for ten years, are entitled to be transferred to the list of life counsellors:

B. F. Bennett, A. L. Harlan, R. S. Hill and W. J. McCain.

The President: Unless there are objections the counsellors whose names have been called by the Secretary will be transferred to the roll of life counsellors.

The Secretary: The following is a list of counsellors-elect who have signed the pledge and paid their dues and who are entitled to be advanced to the rank of counsellors:

P. V. Spier, N. G. James, H. B. Disharoon, J. C. Martin and F. L. Chenault.

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The President: You have heard the list of counsellors-elect as read. If there is no objection their names will be placed on the roll of counsellors.

This completes the Revision of the Rolls. The Rolls will stand closed until the next annual meeting of the Association.

The roll of correspondents will be published in the Transactions.

Election of Officers.

The President: The next order of business is the election and installation of officers. The officers to be elected are a President, a Vice-President for the Northern District, a Secretary, a Treasurer, two members of the Board of Censors whose terms expire, one member to fill the vacancy caused by the death of Dr. Sanders, which has been temporarily filled by the appointment of Dr. Thigpen, and thirteen counsellors. First in order is the election of a President for next year. I will appoint Drs. Morris, Wilder, Faulk and Bancroft as tellers.

Dr. Welch: While the tellers are passing the cards around I want to present to this Association an Alabamian whose record in the Army of the United States is a source of pride to each and every doctor in Alabama. I have the honor to present to you Colonel Robert E. Noble, of Anniston.

Colonel Noble: Mr. President, Gentlemen: I received the honor of an invitation to be present at this meeting, but I could not possibly be here before this morning. What Dr. Welch has said is a matter of pride to me and I certainly appreciate it. We are trying to do something in Washington at this time, but what we are able to do depends entirely upon the profession of the United States. We depend upon and look to—and look without fear of falling short of our expectations,—to the profession of the United States at this time. The profession has so far done its duty as no other profession has. (Applause.) Of those within the age limit twenty-three per cent. have already offered their services. That offering, great as it has been, will of necessity have to be greater and I trust that Alabama will do as much as the other states. So far Florida is the first, North Carolina the second. Alabama has about eleven per cent. and is the fortieth state in the Union so far

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as its percentage of practitioners is concerned. But I think Alabama will give as many as anyone else before she is through. (Applause.)

Any time any of the members of the profession are present in Washington I shall be delighted to see them at the office of the Surgeon General and to do anything I can for them.

The President: I am sure we are all delighted to have Colonel Noble speak to us at this time, and we were very keenly disappointed not to have him speak to us on Wednesday, as we had expected.

The balloting for President resulted in Dr. Isaac L. Watkins of Montgomery receiving forty-nine votes, a majority of the votes cast, and he was declared elected President for the ensuing year.

The ballot for Junior Vice-President for a term of two years for the Northern District resulted in Dr. H. S. Ward, of Birmingham, receiving the highest number of votes. Dr. Ward was declared elected Junior Vice-President.

Dr. I. L. Watkins offered his resignation as a member of the Board of Censors, which, upon motion duly seconded, was accepted.

The President: The next in order is the election of two members of the State Board of Censors to replace those whose terms expire.

The balloting for the State Board of Censors resulted in the re-election of Dr. Glenn Andrews, Montgomery, and Dr. S. G. Gay, Selma, for terms of five years.

The President: The next order of business is the election of a Censor for a term of four years to fill the place left vacant by the death of Dr. Sanders.

The balloting for a Censor for four years resulted in the election of Dr. Charles A. Thigpen.

The President: Now, gentlemen, it will be necessary to elect a Censor for a term of one year to fill the place of Dr. Watkins, who has just resigned on account of being elected President.

The balloting resulted in the election of Dr. R. S. Hill, Montgomery, for a term of one year.

Dr. W. H. Wilder: I move that the President cast the vote of the Association for Secretary and Treasurer. Seconded by Dr. Lewis C. Morris. Carried and so ordered.

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The President: I hereby vote for Dr. H. G. Perry, of Montgomery, as Secretary for five years, and for Dr. J. U. Ray, of Woodstock, as Treasurer for five years, and announce their election.

The President: I wish to introduce to you at this time Dr. H. Boswell, Director of the American Public Health Association and of the Tuberculosis Association of the State of Mississippi.

Dr. Boswell: Mr. Chairman and Gentlemen: I dropped by this morning, coming through the city on business, and did not know I would find the Medical Association in conference, but I butted in, as is the usual method of Mississippians when we want to know anything, and I have enjoyed the morning immensely, the spirit of good fellowship and of interest in things at large. I could not refrain from coming in to see some of the men. The American Public Health Association now is beginning a campaign for a larger membership. Heretofore it has been driving along with just the faithful few. The Association can be vouched for by your leader in public health work here, Dr. Welch, for we have from time to time had to call on other people and insist that they join us in the fight for a larger membership to carry out the work of the Association. I believe I am speaking to a number of health officers, both city and county and I wish to ask you gentlemen all one simple little thing—to contribute your membership and your coöperation because, after all, membership counts little. Go into an organization for what you can give to it and it will give back to you a dividend that will expand with your investment. The American Public Health Association with your influence will further the public health interests not only of the United States, but of all the Americas. I will ask you again, gentlemen, that you carry this back to your homes; you men who are not directly interested in the public health work, carry back the influence of the general health movement.

I don't care to take up your time, but I wanted to mention this thing and get you to study it because I am going to start a campaign for an increased membership. I thank you for the privilege of coming before you. I am a native Alabamian, born and raised in Alabama forty-five miles from a railroad—although there is a railroad there now and I'm going back some day to see it—and what little influence I have belongs to

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Alabama. I got it originally from this State and I feel this morning that in addressing you and thanking you, I am speaking to my father and mother in medicine. When any of you pass through Mississippi I hope you will stop and see us, and visit the Tuberculosis Institute and join in the betterment of these people we are fighting for. I wish for you all a very pleasant and happy year. (Applause.)

The President: Before any more of our members leave I want to take occasion to thank you one and all for your assistance and coöperation during the year and for your attendance at this meeting.

Dr. Perry: At this time I wish to thank the Association for their continued appreciation of my valuable services, (laughter) and also wish to announce that we are ready to consider the lists of nominees for counsellors.

The Committees on Nomination of Counsellors have made the following reports:

First District: C. N. Lacey, Marengo county; John A. Kimbrough, Clarke county; P. J. Howard, Mobile county.

Second District: J. C. McLeod, Covington county; R. A. Smith, Escambia County.

Third District: G. W. Williamson, Geneva county.

Fourth District: L. R. Wright, Cleburne county.

Eighth District: A. A. Jackson, Lauderdale county; Hugh Boyd, Jackson county; E. V. Caldwell, Madison county.

Ninth District: J. M. Mason, Jefferson county.

Tenth District: W. E. Howell, Winston county; R. L. Hill, Marion county.

Dr. Lewis C. Morris: I move that the Secretary be instrutced to cast the unanimous ballot of the Association.

Dr. Welch: Mr. President, I think that we should ballot upon those men, because there may be some men nominated by these committees that we do not wish to vote for and the Association may wish to elect someone else.

The balloting resulted in the election of the members nominated for counsellors.

The President: I declare the gentlemen whose names you have just read to be duly elected as counsellors-elect.

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Dr. A. E. Maumenee: On behalf of the medical profession of Mobile I extend a cordial invitation to the Association to meet there next year.

Dr. Morris: I move that we accept this invitation.

The motion was seconded and carried:

The President: I wish to have the newly-elected President escorted to the platform, and will ask Dr. Ward and Dr. Faulk to bring him up. It gives me pleasure to introduce to you a man whom you all know, Dr. I. L. Watkins, of Montgomery, for your President for the ensuing year. (Speech, speech.)

Dr. Watkins: You know that speeches are not my long suit. I want to congratulate the Association in electing the fit for the war work and the unfit for the home work. (Applause.) I hope all the members of this Association will keep up the same patriotism which they have displayed here in Birmingham. I know of no organization that could display any more patriotism than this one has. There will be many meetings before the year is over and I hope this same spirit of patriotism will continue throughout the year.

Dr. H. S. Ward, the newly elected Vice-President, was escorted to the platform by Dr. Morris.

Dr. Cameron, of Eutaw, introduced the following resolution, which was unanimously adopted:

***Resolved,* That the Medical Association of the State of Alabama acknowledges its appreciation and keen enjoyment of the courtesy and hospitality extended by the Jefferson county society, the citizens of Birmingham, the dental profession of Birmingham, the manager of the Tutwiler Hotel and the daily press.**

Dr. Morris: I move that the thanks of the Association be extended to the retiring President for his fair, just opinions and impartial ruling, and for his valuable and faithful services to the Association.

A rising vote of thanks of the Association was extended to Dr. Partlow.

Dr. Partlow: I am greatly moved by this exhibition of gratitude to me for my services during the year. I feel more indebted to you for the honor you have conferred upon me, than you can feel to me. I am indeed grateful for the uniform courtesy and assistance the members of the Association have

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given me during the year. I retire with the best feeling toward every member of the Association, and I thank you one and all for your kind treatment. (Applause.)

Dr. Perry: In this time of war the places of the men are often being taken by the ladies. I don't know how long it will be before we will have one for President. Our official stenographer was unable to come and report our meeting for us, so Mrs. Irene Snyder consented to come down here from Chicago, and she has more than taken his place. I wish to introduce to you Mrs. Irene Hilton Snyder.

At 1:15 P. M. the Association adjourned *sine die*.

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REGISTRATION AT BIRMINGHAM, APRIL 16-19, 1918.

The following members and visitors attended the annual meeting:

Life Counsellors.

H. G. Perry.....Montgomery
J. A. Goodwin.....Jasper
S. G. Gay.....Selma
V. P. Gaines.....Mobile
Glenn Andrews.....Montgomery
C. C. Jones.....Birmingham
Thos. P. Dewees.....Gamble Mines
W. H. Bell.....Brookside
T. H. Frazer.....Mobile
E. H. Sholl.....Birmingham
Wyatt Heflin.....Birmingham
I. L. Watkins.....Montgomery
Julius Jones.....Rockford
Louis Whaley.....Birmingham
Thos. D. Parke.....Birmingham
M. B. Cameron.....Eutaw
B. L. Wyman.....Birmingham
L. L. Hill.....Montgomery
W. H. Moon.....Goodwater
A. M. Stovall.....Jasper
J. E. Wilkinson, Sr.....Prattville
R. H. Duggar.....Gallion
Geo. P. Waller.....Birmingham
W. H. Blake.....Sheffield
D. S. Brockway.....Livingston
R. J. Redden.....Sulligent
J. A. Howle.....Eclectic
Total, 27.

Active Counsellors.

W. C. Maples.....Scottsboro
S. G. Cardon.....Centre
W. F. Betts.....Evergreen
W. D. Partlow.....Tuscaloosa

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J. S. Crutcher.....Athens
W. G. Harrison.....Birmingham
S. W. Welch.....Montgomery
D. F. Talley.....Birmingham
H. S. Ward.....Birmingham
W. J. McCain.....Livingston
J. U. Ray.....Woodstock
N. T. Underwood.....Russellville
W. H. Wilder.....Birmingham
Lewis C. Morris.....Birmingham
H. P. McWhorter.....Collinsville
F. A. Lupton.....Birmingham
A. N. Steele.....Anniston
L. R. Burdeshaw.....Headland
W. P. McAdory.....Birmingham
M. C. Schoolar.....Birmingham
J. D. S. Davis.....Birmingham
E. M. Prince.....Birmingham
R. L. Hughes.....Anniston
J. G. Palmer.....Opelika
A. J. Peterson.....Goodwater
J. D. Bancroft.....East Lake
M. D. Smith.....Prattville
W. E. Morris.....Georgiana
G. L. Gresham.....Andalusia
L. E. Broughton.....Andalusia
J. M. Watkins.....Troy
R. L. Justice.....Geneva
H. T. Heflin.....Birmingham
M. L. Malloy.....Eutaw
P. V. Spier.....Furman
F. P. Petty.....Albany
Seale Harris.....Birmingham
L. O. Hicks.....Jackson
J. P. Stewart.....Attalla
A. L. Harlan.....Alexander City
R. S. Hill.....Montgomery
J. O. Kennedy.....Kennedy
H. J. Sankey.....Jasper
H. B. Disharoon.....Roanoke
J. R. Horn.....Luverne

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D. L. Wilkinson, Jr.....Birmingham
W. M. Cunningham.....Corona
S. F. Mayfield.....Tuscaloosa
W. W. Harper.....Selma
W. T. Pride.....Madison
W. R. Jackson.....Mobile
F. L. Chenault.....Albany
J. W. McClendon.....Dadeville
J. C. Martin.....Cullman
C. S. Chenault.....Albany
O. S. Justice.....Central
J. M. Austin.....Wetumpka
J. P. Turner.....Cropwell
C. L. Guice.....Gadsden
S. A. Gordon.....Marion
W. M. Faulk.....Tuscaloosa
J. D. Heacock.....Birmingham
E. G. Givhan.....Montevallo
Total, 63.

DELEGATES TO BIRMINGHAM, 1918.

Autauga—None.
Baldwin—None.
Barbour—Clarence Long, Comer.
Bibb—W. B. Buntin, Ashby.
Blount—None.
Bullock—T. Jos. Dean, Union Springs.
Butler—A. L. Stabler, Greenville.
Calhoun—Jerre Watson, Anniston; Wade H. Brannon, Anniston.
Chambers—R. L. Weldon, Lanette.
Cherokee—None.
Chilton—R. B. McNeill, Jemison.
Choctaw—D. S. Moore, Lisman.
Clarke—J. A. Kimbrough, Thomasville.
Clay—M. L. Shaddix, Ashland; B. C. Scarbrough, Ashland.
Cleburne—L. R. Wright, Heflin.
Coffee—E. L. Gibson, Enterprise; W. C. Braswell, Elba.
Colbert—None.
Conecuh—None.
Coosa—C. K. Maxwell, Kelleyton; J. A. M. Nolen, Equality.

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Covington—J. C. McLeod, Opp.

Crenshaw—M. L. Morgan, Honoraville; J. O. Foster, Luverne.

Cullman—W. H. Price, Cullman.

Dale—None.

Dallas—M. W. Stewart, Berlin; P. B. Moss, Selma; L. H. Moore, Orrville.

DeKalb—T. H. Appleton, Collinsville; W. E. Quinn, Fort Payne.

Elmore—J. R. Penton, Central.

Escambia—R. A. Smith, Brewton; L. B. Farish, Brewton.

Etowah—E. T. Camp, Gadsden.

Fayette—J. A. Branyan, Fayette.

Franklin—J. R. Sherman, Phil Campbell.

Geneva—G. W. Williamson, Hartford; M. E. Doughty, Slocomb.

Greene—G. A. Moore, Eutaw.

Hale—R. J. Griffin, Moundville.

Henry—L. A. Coleman, Abbeville; S. L. Burdeshaw, Headland.

Houston—C. C. Box, Ashford; C. W. Hilliard, Dothan.

Jackson—W. M. Duncan, Paint Rock; G. B. Tate, Fackler.

Jefferson—J. D. Dowling, Birmingham; R. H. Hamrick, Birmingham; J. R. Dawson, Birmingham; Lloyd Noland, Birmingham; Stewart H. Welch, Birmingham; S. L. Ledbetter, Jr., Birmingham.

Lamar—J. A. Jackson, Sulligent.

Lauderdale—A. A. Jackson, Florence.

Lawrence—None.

Lee—M. D. Thomas, Opelika.

Limestone—None.

Lowndes—None.

Macon—None.

Madison—None.

Marengo—J. C. Miller, Myrtlewood; W. T. Cocke, Demopolis.

Marion—J. R. Burleson, Hamilton; J. L. Wilson, Hackleburg.

Marshall—None.

Mobile—Jno. O. Rush, Mobile; A. E. Maumenee, Mobile; J. U. Reeves, Mobile:

Monroe—None.

Montgomery—Gaston J. Greil, Montgomery; Virgil Dark, Montgomery.

Morgan—H. J. Bracken, Albany.

Perry—R. C. Hanna, Marion.

Pickens—H. B. Whiteside, Lathrop.

Pike—T. D. McKnight, Brundidge; Jno. D. Johnston, Brundidge.

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Randolph—F. R. Mashburn, Wedowee.

Russell—None.

Shelby—J. I. Reid, Montevallo.

St. Clair—B. M. Clayton, Springville; J. L. Jordan, Ashville.

Sumter—A. L. Vaughan, Cuba.

Talladega—W. G. Casey, Alpine.

Tallapoosa—W. D. Wood, Camp Hill; G. C. Bradford, Alexander City.

Tuscaloosa—J. H. Hooper, Tuscaloosa; R. H. Lister, Tuscaloosa.

Walker—A. M. Waldrop, Cordova; E. L. McCalip, Sipsey.

Washington—G. C. McCrary, Wagar.

Wilcox—None.

Winston—C. A. Olivet, Haleyville; T. M. Blake, Double Springs.

Total, 80.

MEMBERS.

Name	*Address*
William W. Dinsmore	Montgomery
Ambrose T. Grayson	Albany
L. A. Coleman	Abbeville
R. H. Redden	Sulligent
A. W. Ralls	Gadsden
H. N. Rosser	Birmingham
M. Y. Dabney	Birmingham
A. D. Powers	Elkmont
Jas. R. Garber	Birmingham
A. C. Green	Birmingham
E. T. Fields	Ensley
R. E. Cloud	Ensley
C. W. Shropshire	Birmingham
E. R. Guasso	Birmingham
F. W. McDonald	Wylam
L. C. Davis	Gordo
J. B. Cooper	Birmingham
E. D. McAdory	Cullman
M. D. Kirsch	Birmingham
Z. B. Chamblee	Birmingham
S. J. Vann	Birmingham
Willena Peck	Montevallo
Carl A. Fox	Birmingham
J. M. Mason	Birmingham

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Name	*Address*
A. H. Bobo	Irondale
J. S. Williamson	Piper
Charles Whelan	Birmingham
Harry Levy	Birmingham
J. R. Brown	Bexar
Joseph Leland	Birmingham
C. B. Stewart	Opp
J. P. Motley	Wadley
C. M. Franklin	Birmingham
C. N. Carraway	Birmingham
John T. Kent	Birmingham
A. L. Gaston	Birmingham
G. H. Stubbs	Birmingham
C. M. Nice	Birmingham
E. W. Rucker	Birmingham
L. G. Brownlee	Birmingham
W. H. Godwin	Republic
W. L. Gravlee	Oakman
B. F. Rea	LaFayette
R. C. Jones	Rock Castle
J. H. Holley	Samson
J. R. Chandler	Birmingham, Route 1
R. L. Hill	Lynn
W. C. Gewin	Birmingham
W. B. Arberry	Jacksonville
H. L. Appleton	Gadsden
G. C. Reynolds	Brundidge
E. P. Hogan	Birmingham
A. G. Douglass	Birmingham
B. F. Thrower	Enterprise
Thos. A. Cheatham	Birmingham
H. T. McGehee	Oxmoor
H. E. Mitchell	Birmingham
L. T. Hutto	Newville
J. A. Bagley	Birmingham
T. E. Schoolar	Centerville
E. M. Robinson	Birmingham
Cecil D. Gaston	Birmingham
W. D. Mixson	Midland City
J. M. Lowrey	Birmingham

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Name	*Address*
J. H. Ferrell	Birmingham
K. J. Kinkead	Birmingham
R. G. McGahey	Birmingham
H. G. Sellers	Birmingham
W. R. Huckaby	Guntersville
F. W. Harris	Birmingham
R. L. McLlellan	Easonville
E. W. Tucker	Wylam
J. L. Booth	Buhl
L. A. Jenkins	Birmingham
E. P. Green	Birmingham
P. B. Lusk	Guntersville
W. E. Noel	Boaz
R. H. Baird	Cullman
W. E. Prescott	Birmingham
C. C. Rittenberry	Birmingham
W. S. Rountree	Birmingham
D. S. Moore	Altoona, Route 2
R. A. Foshee	Alexander City
J. P. Colvin	Lincoln
H. C. Crelly	Birmingham
D. C. Steelsmith	Tuscaloosa
H. B. Searcy	Tuscaloosa
W. H. Wyman	Ensley
M. W. Glasgow	Fairfield
C. A. Donnelly	Birmingham
D. C. Donald	Birmingham
R. C. Johnson	Edgewater
A. L. Atwood	Birmingham
J. W. Barclay	Birmingham
B. A. Fox	Birmingham
M. C. Thomas	Birmingham
A. Zimmerman	Florence
W. T. Berry	Birmingham
R. E. Hogan	Birmingham
E. P. Cason	Talladega
Jas. Copeland	Red Bay
J. W. Black	Ensley
S. S. Shores	Arkadelphia
F. H. Compton	Birmingham

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Name	*Address*
Walter A. Weed	Birmingham
P. E. Godwin	Pine Hill
B. D. Sibley	Birmingham
J. D. Lee	Haleyville
R. T. Comer	Birmingham
John Douglass	Birmingham
W. A. Sparks	Townley
Jerome Meyer	Birmingham
W. A. Burns	Birmingham
T. J. Glasgow	Belgreen
A. R. Chapman	Geneva
S. G. Stubbins	Birmingham
R. A. Moorer	Georgiana
L. D. Parker	Andalusia
W. S. Sanders	Troy
W. A. Lewis	Enterprise
J. L. Weldon	Lanett
W. J. Love	Opelika
James Tankersley	Shawmut
R. D. Palmer	Carson
R. T. McCraw	Oxford
J. W. Cox	Furman
J. M. Jordan	Ashland
J. R. Ridlon	Anniston
W. H. Minchener	Troy
B. L. Byrd	Enterprise
J. W. Wood	Ragland
G. R. Lee	Arkadelphia
D. J. Parker	Arkadelphia
D. B. Harris	Munford
L. H. Mayo	Pine Hill
J. M. Miller	Cordova
W. W. Walls	Huntsville
J. A. Carpenter	Huntsville
Chas. T. Acker	Montevallo
O. Manasco	Townley
S. S. Boykin	Oak Hill
H. H. Thomas	Huntsville
W. W. Duncan	Gordo, Route 3
Ira J. Sellers	Birmingham

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Name	*Address*
Chas. Hayes	Hanceville
L. T. Lee	Fairfield
C. B. Jackson	Jasper
W. F. Black	Birmingham
L. E. Peacock	West Blocton
L. H. Watkins	Birmingham
F. F. Blair	Flat Top
L. R. Parker	Maylene
G. W. Williamson	Woodstock
C. W. Brasfield	Dolomite
A. P. Smith	Eutaw
I. W. Ballard	Opelika
Maxwell Moody	Tuscaloosa
E. T. Glass	Birmingham
J. H. Donehoo	Birmingham
John Yielding	Hanceville
T. C. Donald	Bessemer
E. C. Rosamond	Birmingham
J. O. Griffin	Goodwater
S. D. Motley	Calera
J. A. R. Chapman	Kellyton
E. M. Scott	Birmingham
J. L. Sowell	Jasper
V. H. Williams	Jasper
V. J. Gragg	Clanton
W. T. Cantrell	Alabama City
W. O. Lawrence	Leeds
G. E. Sibley	Gadsden
G. C. Coleman	Birmingham
J. C. Swann	Wedowee
W. W. Stevenson	Roanoke
Onslow Reagan	Alexander City
J. I. Armstrong	Cullman
S. B. Alison	Minter
Carl A. Grote	Huntsville
W. O. Martin	Birmingham
W. E. Howell	Haleyville
James Williams	Jacksonville
B. B. Pugh	Hargrove
H. E. Pearce	Boyles

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Name	*Address*
J. H. Ward	Tuscaloosa
N. B. Burchfield	Bessemer
W. P. Hughes	Russellville
R. L. Hill	Winfield
W. I. Wright	Dawson
C. D. Killian	Collbran
E. P. Lacey	Bessemer
W. E. Wright	Fairfield
J. A. Miller	Birmingham
S. H. Mann	Ensley
W. W. Ransom	Birmingham
S. R. Benedict	Birmingham
E. N. Harris	Rickey
Walter F. Hamilton	Pell City
T. A. Jones	East Lake
S. F. Nabers	Birmingham
N. R. Cocke	Birmingham
E. S. Casey	Birmingham
D. C. Morton	Vernon
S. L. Ledbetter	Birmingham
H. W. Jordan	Red Level
W. T. Burkett	Pansey
M. L. Cummins	Ashford
W. A. Gresham	Russellville
S. H. Newman	Dadeville
W. M. Murray	Albany
L. G. Woodson	Birmingham
B. S. Pettus	Athens
T. Manasco	Carbon Hill
M. A. Copeland	Birmingham
Annie M. Robinson	Birmingham
J. E. Garrison	Birmingham
Thos. Collins	Birmingham
R. C. McQuiddy	Birmingham
W. H. Price	Cragford
D. D. Johnson	Belmont
Chas. C. Graf	Hanceville
J. Ross Snyder	Birmingham
O. E. Newton	Belk
J. E. Robbins	Littleton

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Name	*Address*
J. W. Knowlton	Birmingham
A. P. Martin	Cullman
J. T. Dawkins	Mulga
John W. Snow	Palos
A. L. Blakeney	Fayette
J. F. Trucks	Helena
L. F. Jackson	Blossburg
Geo. A. Hogan	Birmingham
J. R. Thomas	Albertville
W. G. Miller	Albertville
S. G. Hamilton	Knoxville
C. N. Parnell	Maplesville
J. A. Ussery	Courtland
W. R. Ward	Birmingham
G. W. Brown	Birmingham
P. I. Hopkins	Dothan
W. T. Deaver	Blocton
A. S. Frasier	Dothan
N. A. Wheeler	LaFayette
Wm. Williams	Altoona
F. P. Barnard	Arab
F. R. Mashburn	Wedowee
John I. Mitchell	Leeds
A. M. Woodson	Birmingham
W. P. Johnson	Crane Hill
John L. Kincaid	Bessemer
Luther Hayes	Cullman
C. E. Herrin	Cullman
B. F. Anderson	Montgomery
J. H. Edmondson	Birmingham
U. J. Peters	Birmingham
W. E. Kay	Maplesville
J. A. Wheeler	Collbran

Total, 257.

VISITORS.

C. P. Loranz	Birmingham
Louis J. Wright	Talladega
A. W. Hall	Chattanooga, Tenn.
F. H. Bonneli	Saratoga, N. Y.

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Name	*Address*
Mrs. A. H. Babo	Irondale
L. L. Lumnsden	Washington, D. C.
Carrie L. Hett	Ridgetop, Tenn.
Ethel M. Gillen	Birmingham
Naomi McWhatten	Collinsville
B. N. Walker	Montgomery
J. P. Martin	New Mexico
Z. T. Rudolph	Birmingham
A. K. Whetston	Camp Hugh
F. S. McGlathery	Birmingham
Oswald P. Lowsley	New York City
J. M. Frazier	Belton, Texas
B. F. Thomas	Montgomery
Walter C. Jones	Birmingham
J. A. Elliott	Ann Arbor, Mich.
S. H. Wood	Ashland
Oscar Dowling	New Orleans, La.
C. A. Robertson	Ridge Top, Tenn.
J. T. Barksdale	Birmingham
L. H. Salter	Birmingham
Mrs. P. B. Moss	Selma
Mrs. J. I. Reid	Montevallo
Agnes Hitt	Montevallo
Mrs. C. A. Olivet	Haleyville
H. J. Lewis	Birmingham
A. F. Tice	Kansas City, Mo.
E. S. Jones	Gadsden.
J. B. Robinson	Birmingham
Miss McLean	Birmingham
Hubert Hayes	Hanceville
J. E. Pearce	Wetumpka
Mrs. J. W. Black	Ensley
Mrs. A. D. Slye	Ensley
Mrs. R. E. Cloud	Ensley
Mrs. S. H. Mann	Ensley
Mrs. J. L. Kincaid	Bessemer
Nelson G. Richmond	Fredonia, N. Y.
Newton Chamblee	Birmingham
Oscar Copeland	Red Bay
Robert E. Webb	Washington, D. C.

Total, 44.

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SUMMARY.

Life Counsellors	27
Active Counsellors	63
Delegates	80
Members	257
Visitors	44
Total	471

ANNUAL ATTENDANCE.

Year	Life Counsellors	Active Counsellors	Delegates	Members	Visitors	Total	Place
1910	10	44	83	157	51	344	Mobile
1911	14	53	66	139	19	291	Montgomery
1912	16	63	92	348	40	559	Birmingham
1913	7	49	83	124	17	280	Mobile
1914	16	67	85	226	20	414	Montgomery
1915	32	74	108	429	49	692	Birmingham
1916	19	66	92	106	41	306	Mobile
1917	18	64	96	199	32	409	Montgomery
1918	27	63	80	257	44	471	Birmingham

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THE ROLL OF THE COLLEGE OF COUNSELLORS.

REVISION OF 1918.

LIFE COUNSELLORS.

Name and Address	*Date of Election*
Andrews, Glenn, Montgomery	1893
Baldwin, Benjamin James, Montgomery	1886
Bell, Walter Howard, Brookside	1894
Bennett, Benjamin Franklin, Louisville	1898
Blake, Wyatt Heflin, Sheffield	1892
Bondurant, Eugene DuBose, Mobile	1894
Brockway, Dudley Samuel, Livingston	1882
Cameron, Matthew Bunyan, Eutaw	1893
Cason, Davis Elmore, Ashville	1880
DeWeese, Thomas Peters, Gamble Mines	1890
Dugger, Reuben Henry, Gallion	1883
Frazer, Tucker Henderson, Mobile	1895
Gaines, Vivian Pendleton, Mobile	1879
Gay, Samuel Gilbert, Selma	1893
Goodwin, Jos. Anderson, Jasper	1882
Goggans, James Edwin, Alexander City	1883
Harlan, Aaron LaFayette, Alexander City	1898
Harrison, Wm. Groce, Birmingham	1896
Heflin, Wyatt, Birmingham	1893
Hill, Luther Leonidas, Montgomery	1888
Hill, Robert Somerville, Montgomery	1898
Howle, James Augustus, Eclectic	1895
Inge, Harry Tutwiler, Mobile	1885
Johnston, Lewis William, Tuskegee	1895
Jones, Capers Capehart, East Lake	1881
Jones, Julius Rockford, Montgomery	1896
Moon, William Henry, Goodwater	1893
McCain, Wm. Jasper, Livingston	1898
Parke, Thos. D., Birmingham	1893
Perry, Henry Gaither, Montgomery	1894
Redden, Robert James, Sulligent	1887
Robinson, Thomas Franklin, Bessemer	1896
Searcy, James Thomas, Tuscaloosa	1884
Sholl, Edward Henry, Birmingham	1880

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Name and Address	*Date of Election*
Stovall, Andrew McAdams, Jasper	1881
Sutton, Robert Lee, Orrville	1895
Waller, George Platt, Montgomery	1896
Watkins, Isaac LaFayette, Montgomery	1893
Whaley, Lewis, Birmingham	1886
Wilkinson, John Edward, Prattville	1892
Williams, John Hartford, Columbiana	1894
Wyman, Benjamin Leon, Birmingham	1897

Total, 42.

ACTIVE COUNSELLORS.

Ard, Erastus Byron, Ozark	1900
Austin, James Maxwell, Wetumpka	1916
Baker, James Norment, Montgomery	1905
Bancroft, Joseph Dozier, East Lake	1899
Betts, William Frank, Evergreen	1904
Bowman, James Luther, Union Springs	1914
Britt, Walter Stratton, Eufaula	1905
Brothers, Thomas J., Anniston	1914
Broughton, Lewis Edward, Andalusia	1916
Burdeshaw, Lee Roy, Headland	1904
Cardon, Samuel G., Center	1916
Chenault, C. Sidney, Albany	1913
Chenault, Frank L., Albany	1917
Collins, Walter O., Berry	1916
Crutcher, John Sims, Athens	1915
Cunningham, William Moody, Corona	1912
Davie, Mercer Stilwell, Dothan	1904
Davis, John D. S., Birmingham	1906
Disharoon, Henry Beauregard, Roanoke	1917
Faulk, Wm. M., Tuscaloosa	1913
Fleming, Porter Thomas, Enterprise	1901
Furniss, John Neilson, Selma	1915
Gaines, William D., LaFayette	1913
Gaston, Joseph Lucius, Montgomery	1899
Givhan, Edgar Gilmore, Montevallo	1903
Goldthwaite, Robert, Montgomery	1902
Gordon, Samuel A., Marion	1913
Green, Henry, Dothan	1900
Gresham, George L., Andalusia	1913

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Name and Address	*Date of Election*
Guice, Charles Lee, Gadsden	1899
Harper, William Wade, Selma	1902
Harris, Elisha McCullough, Russellville	1904
Harris, Seale, Birmingham	1903
Heacock, Joseph Davis, Birmingham	1912
Heflin, Howell T., Birmingham	1914
Hendrick, Walter Branham, Hurtsboro	1915
Hicks, Lamartine Orlando, Jackson	1910
Hughes, Robert Lee, Anniston	1915
Horn, Joseph Robert, Luverne	1912
Jackson, William Richard, Mobile	1916
James, Ashley D., Pennington	1915
James, Norman Gilchrist, Hayneville	1917
Justice, Oscar Suttle, Central	1899
Justice, Robert Lee, Geneva	1900
Kennedy, John Oscar, Kennedy	1909
Lightfoot, Phillip Malcolm, Shorters	1916
Lupton, Frank A., Birmingham	1913
Malloy, Martin Luther, Eutaw	1908
Maples, William Caswell, Scottsboro	1900
Martin, James Cordie, Cullman	1917
Mayfield, Surry T., Tuscaloosa	1914
Mohr, Charles A., Mobile	1909
Morris, Lewis Coleman, Birmingham	1902
Morris, William E., Georgiana	1913
McAdory, Wellington Prude, Birmingham	1911
McClendon, Joseph Wiley, Dadeville	1902
McElrath, William Sparge, Cedar Bluff	1908
McLeod, John Calvin, Bay Minette	1911
McLester, James Somerville, Birmingham	1913
McWhorter, Horace Puckett, Collinsville	1915
Oates, William Henry, Mobile	1913
Palmer, Jesse Gary, Opelika	1904
Partlow, William Dempsey, Tuscaloosa	1909
Peterson, Albert Jefferson, Goodwater	1910
Pettey, Frank Paul, Albany	1909
Poellnitz, Charles August, Greensboro	1914
Pride, William Thomas, Madison	1899
Prince, Edward Mortimer, Birmingham	1909
Ray, Jacob Ussery, Woodstock	1906

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Name and Address	*Date of Election*
Rogers, Mack, Birmingham	1910
Sankey, Howard J., Nauvoo	1914
Schoolar, Milton Carson, Birmingham	1902
Simms, Benjamin Britt, Talladega	1901
Smith, Malcolm D., Prattville	1914
Speir, Phillip V., Furman	1917
Steele, Abner Newton, Anniston	1905
Stewart, John Pope, Attalla	1908
Talley, Dyer Findley, Birmingham	1902
Thigpen, Charles Alston, Montgomery	1900
Turner, James Perry, Cropwell	1912
Underwood, Nimrod T., Russellville	1914
Ward, Henry Silas, Birmingham	1915
Watkins, James Monroe, Troy	1915
Webb, Francis Asberry, Calvert	1904
Welch, Samuel Wallace, Talladega	1899
Wilder, William Hinton, Birmingham	1903
Wilkinson, David Leonidas, Montevallo	1902

Total, 87.

COUNSELLORS-ELECT.

Boyd, Hugh, Scottsboro	1918
Caldwell, Edwin Valdavia, Huntsville	1918
Hill, Robert L., Winfield	1918
Howard, Percy John, Mobile	1918
Howell, William Edward, Haleyville	1918
Jackson, Alva A., Florence	1918
Kimbrough, John A., Thomasville	1918
Lacey, Claude N., Demopolis	1918
Mason, James Monroe, Birmingham	1918
McLeod, John C., Opp	1918
Smith, Russell Aubrey, Brewton	1918
Williamson, George W., Hartford	1918
Wright, Lee Roy, Heflin	1918

Total, 13.

SUMMARY.

Life Counsellors		42
Active Counsellors	87	
Counsellors-elect	13	100
Total		142

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THE ROLL OF THE COLLEGE OF COUNSELLORS BY CONGRESSIONAL DISTRICTS.

On this roll the names of the Counsellors are given by Congressional Districts. It is intended to serve as a guide in the election of new Counsellors, with a view to the distribution of them in approximate proportion to the number of members in the several districts. It is not considered to be good policy, and it is not considered to be fair and right, to give a few large towns greatly more than their pro rata share of Counsellors. The calculations are based on the nearest whole number. According to the Transactions of 1917, there are 1,739 members in the county medical societies. That would give one Counsellor to every 17.3 members.

FIRST DISTRICT.

County.	*Members.*	*Counsellors.*
Choctaw	15	1
Clarke	26	1
Marengo	17	1
Monroe	19	1
Mobile	64	4
Washington	13	1
Total members	154	9

This district has the number to which it is entitled.

Names of Counsellors—A. D. James, Choctaw; L. O. Hicks, John A. Kimbrough, Clarke; C. N. Lacey, Marengo; W. R. Jackson, C. A. Mohr, P. J. Howard and W. H. Oates, Mobile; F. A. Webb, Washington.

SECOND DISTRICT.

County.	*Members.*	*Counsellors.*
Baldwin	14	1
Butler	18	1
Conecuh	16	1
Covington	28	3
Crenshaw	14	1
Escambia	23	1
Montgomery	69	4

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Pike	26	1
Wilcox	32	1
Total	240	14

This district has the number to which it is entitled.

Names of Counsellors—J. C. McLeod, Baldwin; W. E. Morris, Butler; W. F. Betts, Conecuh; G. L. Gresham, Covington; J. R. Horn, Crenshaw; J. N. Baker, R. Goldthwaite, J. L. Gaston, C. A. Thigpen, Montgomery; J. M. Watkins, Pike; L. E. Broughton, Covington; Ross Speir, Wilcox; J. C. McLeod, Covington; R. A. Smith, Escambia.

THIRD DISTRICT.

County.	*Members.*	*Counsellors.*
Barbour	26	1
Bullock	16	1
Coffee	18	1
Dale	14	1
Geneva	34	2
Houston	38	2
Henry	13	1
Lee	19	1
Russell	13	1
Total	191	11

This district has the number to which it is entitled.

Names of Counsellors—W. S. Britt, Barbour; J. L. Bowman, Bullock; P. T. Fleming, Coffee; E. B. Ard, Dale; R. L. Justice, G. W. Williamson, Geneva; M. S. Davie, Henry Green, Houston; L. R. Burdeshaw, Henry; J. G. Palmer, Lee; W. B. Hendrick, Russell.

FOURTH DISTRICT.

County.	*Members.*	*Counsellors.*
Calhoun	37	3
Chilton	15	0
Cleburne	8	1
Dallas	42	2
Shelby	20	1
Talladega	28	2
Total	150	9

This district has the number to which it is entitled.

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Names of Counsellors—T. J. Brothers, R. L. Hughes and A. N. Steele, Calhoun; J. N. Furniss and W. W. Harper, Dallas; E. G. Givhan; Shelby; B. B. Simms and S. W. Welch, Talladega; L. R. Wright, Cleburne.

FIFTH DISTRICT.

County.	*Members.*	*Counsellors.*
Autauga	11	1
Chambers	21	1
Clay	19	0
Coosa	15	0
Elmore	23	2
Lowndes	13	1
Macon	8	1
Randolph	19	1
Tallapoosa	30	2
Total	159	9

This district has the number to which it is entitled.

Names of Counsellors—M. D. Smith, Autauga; W. D. Gaines, Chambers; O. S. Justice, Elmore; J. W. McClendon and A. J. Peterson, Tallapoosa; J. M. Austin, Elmore; P. M. Lightfoot, Macon; H. B. Disharoon, Randolph; N. G. James, Lowndes.

SIXTH DISTRICT.

County.	*Members.*	*Counsellors.*
Bibb	20	1
Greene	10	1
Hale	11	1
Perry	10	1
Sumter	17	0
Tuscaloosa	42	3
Total	110	7

This district has the number to which it is entitled.

Names of Counsellors—J. U. Ray, Bibb; M. L. Malloy, Greene; C. A. Poellnitz, Hale; S. A. Gordon, Perry; W. M. Faulk, S. F. Mayfield and W. D. Partlow, Tuscaloosa.

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SEVENTH DISTRICT.

County.	*Members.*	*Counsellors.*
Blount	13	0
Cherokee	11	2
Cullman	23	1
DeKalb	22	1
Etowah	35	2
Marshall	28	0
St. Clair	19	1
Total	151	7

This district has one less than the number to which it is entitled.

Names of Counsellors—W. S. McElrath, Cherokee; J. C. Martin, Cullman; H. P. McWhorter, DeKalb; J. P. Stewart, Etowah; S. G. Cardon, Cherokee; C. L. Guice, Etowah; J. P. Turner, St. Clair.

EIGHTH DISTRICT.

County.	*Members.*	*Counsellors.*
Colbert	14	0
Jackson	21	2
Lauderdale	20	1
Lawrence	11	0
Limestone	12	1
Madison	35	2
Morgan	32	3
Total	145	9

This district has the number to which it is entitled.

Names of Counsellors—W. C. Maples and Hugh Boyd, Jackson; A. A. Jackson, Lauderdale; J. S. Crutcher, Limestone; E. V. Caldwell and W. T. Pride, Madison; C. S. Chenault, F. L. Chenault and F. P. Pettey, Morgan.

NINTH DISTRICT.

County.	*Members.*	*Counsellors.*
Jefferson	290	17

This district has the number to which it is entitled.

Names of Counsellors—J. D. Bancroft, J. D. S. Davis, F. A. Lupton, Seale Harris, L. C. Morris, W. P. McAdory, E. M. Prince, Mack

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Rogers, M. C. Schoolar, D. F. Talley, W. H. Wilder, J. S. McLester, H. T. Heflin, H. S. Ward, D. L. Wilkinson, J. M. Mason and J. D. Heacock.

TENTH DISTRICT.

County.	*Members.*	*Counsellors.*
Fayette	12	1
Franklin	25	2
Lamar	15	1
Marion	19	1
Pickens	22	0
Walker	46	2
Winston	10	1
Total	149	8

This district has the number to which it is entitled.

Names of Counsellors—E. M. Harris and N. T. Underwood, Franklin; J. O. Kennedy, Lamar; W. M. Cunningham and H. J. Sankey, Walker; W. O. Collins, Fayette; R. L. Hill, Marion; W. E. Howell, Winston.

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SCHEDULE OF THE ANNUAL SESSIONS AND PRESIDENTS SINCE THE RE-ORGANIZATION IN 1868.

Place and President	*Year*
Selma—Albert Gallatin Mabry	1868
Mobile—Albert Gallatin Mabry	1869
Montgomery—Richard Frazer Michel	1870
Mobile—Francis Armstrong Ross	1871
Huntsville—Thomas Childress Osborn	1872
Tuscaloosa—George Ernest Kumpé	1873
Selma—George Augustus Ketchum	1874
Montgomery—Job Sobieski Weatherly	1875
Mobile—John Jefferson Dement	1876
Birmingham—Edward Davies McDaniel	1877
Eufaula—Peter Bryce	1878
Selma—Robert Wickens Gaines	1879
Huntsville—Edmund Pendleton Gaines	1880
Montgomery—William Henry Anderson	1881
Mobile—John Brown Gaston	1882
Birmingham—Clifford Daniel Parke	1883
Selma—Mortimer Harvey Jordan	1884
Greenville—Benjamin Hogan Riggs	1885
Anniston—Francis Marion Peterson	1886
Tuscaloosa—Samuel Dibble Seelye	1887
Montgomery—Edward Henry Sholl	1888
Mobile—Milton Columbus Baldridge	1889
Birmingham—Charles Higgs Franklin	1890
Huntsville—William Henry Sanders	1891
Montgomery—Benjamin James Baldwin	1892
Selma—James Thomas Searcy	1893
Birmingham—Thaddeus Lindley Robertson	1894
Mobile—Richard Matthew Fletcher	1895
Montgomery—William Henry Johnston	1896
Selma—Barckley Wallace Toole	1897
Birmingham—Luther Leonidas Hill	1898
Mobile—Henry Altamont Moody	1899
Montgomery—John Clarke LeGrande	1900
Selma—Russell McWhorter Cunningham	1901

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Place and President	*Year*
Birmingham—Edwin Lesley Marechal	1902
Talladega—Glenn Andrews	1903
Mobile—Matthew Bunyan Cameron	1904
Montgomery—Capers Capehart Jones	1905
Birmingham—Eugene DuBose Bondurant	1906
Mobile—George Tighlman McWhorter	1907
Montgomery—Samuel Wallace Welch	1908
Birmingham—Benjamin Leon Wyman	1909
Mobile—Wooten Moore Wilkerson	1910
Montgomery—Wyatt Heflin Blake	1911
Birmingham—Lewis Coleman Morris	1912
Mobile—Harry Tutwiler Inge	1913
Montgomery—Robert S. Hill	1914
Birmingham—R. B. Simms	1915
Mobile—J. N. Baker	1916
Montgomery—Henry Green	1917
Birmingham—William Dempsy Partlow	1918

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OBITUARY RECORD

APRIL 1ST, 1917, TO APRIL 1ST, 1918.

Barbour—Judson Davie, Comer, R. F. D., acute Bright's.

Blount—E. L. Tidwell, Cleveland, pneumonia.

Covington—J. R. Ealum, Red Level, tuberculosis.

DeKalb—Alex H. Bailey, Chavies.

Etowah—J. H. Ellison, Altoona, chronic Brights; J. H. Wood, Attalla; Chas. J. Slaughter, Boaz, R. F. D.

Fayette—Joseph T. Weathers.

Geneva—J. V. Shute, Hartford, automobile accident.

Greene—Thomas W. Smith.

Houston—R. L. Grimes (col.), Dothan.

Jackson—G. W. Foster, Stevenson, pulmonary tuberculosis.

Jefferson—D. D. Jones, Woodlawn.

Limestone—Elisha B. Moore.

Macon—Wm. L. Ward, Notasulga, artesio sclerosis; John S. Lightfoot, Shorters, cancer of intestines.

Madison—Felix Baldridge, Huntsville, pneumonia; D. M. Winton, Huntsville; L. P. Esslinger, New Market, biliary calculi; Henry R. Johnson, New Hope.

Marengo—Sam P. Hand, Demopolis, acute indigestion.

Mobile—J. D. Ferrell, Mobile, carcinoma of the stomach.

Russell—W. B. Prather, paralysis.

Walker—J. N. Odom.

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THE ROLL OF OFFICERS.

REVISION OF 1918.

PRESIDENT.

ISAAC LAFAYETTE WATKINS.....Montgomery

VICE-PRESIDENTS.

Senior—WILLIAM FRANKLIN BETTS.....Evergreen
(Term Expires 1919.)

Junior—HENRY SILAS WARD.....Birmingham
(Term Expires 1920.)

SECRETARY.

HENRY GAITHER PERRY.....Montgomery
(Term Expires 1923.)

TREASURER.

JAMES USSERY RAY.....Woodstock
(Term Expires 1923.)

THE STATE BOARD OF CENSORS.

ACTING AS A STATE BOARD OF MEDICAL EXAMINERS AND AS A STATE COMMITTEE OF PUBLIC HEALTH.

WELCH, SAMUEL WALLACE, Chairman of the Board, (Official Residence Montgomery) 1914-1919
WYMAN, BENJAMIN LEON, Birmingham.....1917-1922
THIGPEN, CHARLES A., Montgomery.....1918-1922
TALLEY, DYER F., Birmingham.....1916-1921
JOHNSTON, LOUIS W., Tuskegee.....1916-1921
MOHR, CHARLES A., Mobile.....1915-1920
GAINES, VIVIEN P., Mobile.....1915-1920
HILL, ROBERT SOMERVILLE, Montgomery.....1918-1919
ANDREWS, GLENN, Montgomery.....1918-1923
GAY, SAMUEL G., Selma.....1918-1923

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STATE HEALTH OFFICER.

WELCH, SAMUEL WALLACE.....Montgomery
(Term Expires 1922.)

DELEGATES AND ALTERNATES TO THE AMERICAN MEDICAL ASSOCIATION.

The Medical Association of Alabama is entitled to three delegates to the A. M. A. Delegates and Alternates are appointed annually by the President of the State Association, as their terms expire, to serve for the period of two consecutive sessions.

Name and Address	*Sessions of*
E. F. MOODY, Delegate, Dothan	1917-1918
W. H. BLAKE, Alternate, Sheffield	1917-1918
S. W. WELCH, Delegate, Montgomery	1917-1918
L. C. Morris, Alternate, Birmingham	1917-1918
S. G. Gay, Delegate, Selma	1918-1919
....., Alternate	1918-1919

CORRESPONDENTS.

DR. A. F. GARNET.....Hot Springs, Ark.
DR. JULIUS F. PEAVY.....Atmore, Ala.
DR. JOHN A. WYETH.....New York City
DR. ANDREW J. COLEY.....Oklahoma City, Okla.
DR. WM. C. GORGAS.....Washington, D. C.

"Distinguished members of the medical profession residing outside of the State, and Counsellors of the Association, who after not less than ten years of faithful service may have resigned their counsellorships, shall be eligible for election as Correspondents.

"Correspondents shall have the privilege of transmitting or presenting to the Association such communications, or scientific essays, as they may deem proper."—*From the Constitution.*

NEXT PLACE OF MEETING—MOBILE.

TIME OF MEETING—THIRD TUESDAY IN APRIL, 1919.

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COUNCILS.

Council on Nosology.

H. G. Perry, Chairman, Montgomery.....1916-1920
E. M. Mason, Birmingham.....1916-1919
D. L. Wilkinson, Birmingham.....1918-1923
Thos. D. Parke, Birmingham.....1917-1922
M. T. Gaines, Mobile.....1916-1921

Council on Pharmacy.

Hugh Boyd, Chairman, Scottsboro.....1915-1920
J. J. Peterson, Mobile.....1916-1919
C. A. Mohr, Mobile.....1918-1923
L. E. Broughton, Andalusia.....1917-1922
P. O. Chaudron, Dothan.....1916-1921

Council on Scientific Study.

J. S. McLester, Chairman, Birmingham.....1916-1921
T. B. Hubbard, Montgomery.....1915-1920
W. G. Harrison, Birmingham.....1914-1919
L. C. Morris, Birmingham.....1918-1923
W. M. Faulk, Tuscaloosa.....1917-1922

Standing Committee on Tuberculosis.

Glenn Andrews, Chairman, Montgomery.....1918-1923
J. L. Bowman, Secretary, Union Springs.....1915-1920
J. S. Beard, Troy.....1915-1920
C. A. Mohr, Mobile.....1915-1920
W. W. Harper, Selma.....1914-1919
C. C. Jones, East Lake.....1914-1919
G. T. McWhorter, Riverton.....1914-1919
B. L. Wyman, Birmingham.....1918-1923
S. W. Welch, Talladega.....1918-1923

State Committee on Mental Hygiene.

W. D. Partlow, Chairman, Tuscaloosa.....1915-1920
C. M. Rudolph, Birmingham.....1916-1921

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J. T. Searcy, Tuscaloosa.....1915-1919
W. M. Faulk, Tuscaloosa.....1918-1923
E. D. Bondurant, Mobile.....1917-1922

State Committee on First Aid.

W. S. Roundtree, Chairman.....Birmingham
J. N. Baker, Secretary.....Montgomery
W. W. Harper.....Selma
Cunningham Wilson.....Birmingham
Loyd Noland.....Birmingham
F. P. Petty.....Albany

State Committee on Prevention of Blindness.

S. L. Ledbetter, Chairman.....Birmingham
Charles A. Thigpen, Secretary.....Montgomery
W. G. Harrison.....Birmingham
R. A. Wright.....Mobile
Thomas F. Huey.....Anniston
H. B. Searcy.....Tuscaloosa

State Committee on Social and Health Insurance.

Glenn Andrews, Chairman.....Montgomery
S. W. Welch.....Montgomery
L. C. Morris.....Birmingham
W. R. Jackson.....Mobile
J. N. Baker.....Montgomery
H. T. Inge.....Mobile

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PART III.

Medical and Surgical Dissertations and Reports

THE JEROME COCHRAN LECTURE.

THE ARMY IN RELATION TO THE TUBERCULOSIS PROBLEM.

GEORGE E. BUSHNELL, Colonel U. S. Army (Retired).

When I begin the address which I have the honor to make before this assemblage, I recall the distinguished men who have been my predecessors and might well shrink from the presumption of attempting to tread in their footsteps. I might well do this if I permitted myself to cherish the idea that it was on account of my own eloquence or my own learning that so signal a distinction has come to me, but I know very well that what brings you here today is not the expectation of hearing an orator or a philosopher but the desire to learn what you can of what is being done for our army. I shall, therefore, endeavor to set before you in a simple way the problems connected with tuberculosis among the soldiers.

You will recall that in the early part of the year 1917, just after this country plunged into the great war, there was much anxiety expressed as to tuberculosis in the army. The view held seemed to be for the most part, that the health of the soldier undergoes deterioration as the result of his military service such that he who enters with an inactive or concealed tuberculosis might be expected to develop an active and serious form of the disease. Many papers were written which took this alarmist view and recommended that the extremest care be expended in examinations with a view to the elimination from the army of all those who exhibited the slightest signs even of old and completely healed tuberculosis. The assump-

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tion here evidently was that the soldiers had been submitted to an examination adequate to detect all active forms of the disease, so that tuberculosis, if found to exist at a later time must have developed as a result of army service. Unfortunately, however, those conversant with the facts were willing, however reluctantly, to admit that this was not necessarily the case, that given the hurry and confusion of hasty enlistments and the varying skill of examiners, it was quite possible that some men, even many man, with tuberculous disease might be admitted as sound into the ranks of the army. The existence of tuberculosis in the army is, therefore, by no means necessarily evidence that army life in itself favors the development of the disease.

We have, then, two views to consider: First, army life *per se* exercises an unfavorable effect upon healed tuberculous lesions and awakens active tuberculosis very easily so that the tuberculosis of the soldiers develops as an active disease after entrance into the army and in the persons of those who were practically well at the time of such entrance. Second, the tuberculous soldier brought his tuberculosis with him into the army in an active stage. He should have been excluded on the entrance examination but was not, the active disease was there from the outset and the progressive nature of the affection which finally led to its detection was only what might have been expected when a sick man was subjected to fatigue and exposure.

Which of these two views is the correct one? The answer must be neither one is absolutely correct. Some men will develop tuberculosis though apparently free of the disease when examined for admission. The first view has therefore something in its favor. But the percentage of such cases, what is called the unavoidable percentage is very small. Measures adopted to forestall such developments are useless, because the cases cannot be detected in advance, and moreover, harmful because tending to the exclusion of many men perfectly fit to become soldiers. Practically we may say that if an army develops much tuberculosis this is due to the fact that the men brought with them the disease in an active form when they came in from civil life. The remedy then is evidently an examination which shall be efficient enough to exclude manifest cases of tuberculosis but which shall not regard the old

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and circumscribed evidences of slight impairment of the pulmonary integrity. It was an examination of this kind which was instituted and carried out upon our troops during the fall and winter of 1917, the examinations, however, not being completed until the spring of 1918. 930,000 men in round numbers, were examined and 7,500 cases of tuberculosis were detected as the result of this examination. It is not claimed that this examination was perfect. Some cases, no doubt, were overlooked that should have been detected and some men were excluded from the army who were perfectly able to serve. Mistakes must occur when large numbers of examiners go hastily over enormous numbers of soldiers. But the aim was to get rid of as many cases of manifest tuberculosis as could be detected in an examination so rapidly performed as not to interfere too much with the all-important training of the troops, rather than to delay matters by seeking a perfection which was unattainable under the difficult conditions. That 7,500 cases of tuberculosis were removed is a cause for satisfaction. However many cases may ultimately develop, it is at least certain that the total is less by 7,500 cases than it would have been if there had been no re-examination.

The army is a good field for the study of some problems. The conditions of life are comparatively simple and the large numbers concerned give a value to the statistics greater than those derived from the much smaller number of cases available, as a rule, for study in civil life. Unexpected light has been thrown upon the question which we have just considered by the experience of the French army. As you may recall, the distinguished French physician, Landouzy, announced that 86,000 French soldiers had been invalided on account of tuberculosis in the first year of the war. This announcement was received with dismay in this country. It served as a test for the pessimist and seemed to warrant gloomy forebodings as to the fate of our own soldiers. But now light has recently been thrown upon this subject. The French minister of war has reported that of this 86,000 men considerably less than one-half have been found upon revision to have tuberculosis. And there are not wanting those who claim that of this fraction a very considerable percentage has really no active disease, that of the 86,000 barely 20 per cent are really tuberculous. And here is an important fact. Landouzy himself states that as a

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rule those who were found to have an active tuberculosis had brought the disease with them into the army. We have thus an unexpected corroboration on a large scale of the view expressed above. Army life is not especially favorable for the development of tuberculosis. Those soldiers who enter as sound men have every reason to expect that they will not develop tuberculosis as a result of their army experiences.

Another fact brought out by the war is worthy of note in this connection. We are accustomed to hear the view expressed without contradiction that chronic semi-starvation necessarily develops tuberculosis in a large number of its victims. Consequently we were all prepared to expect an enormous incidence of tuberculosis among the half starved French prisoners of war in Germany. The Swiss doctors predicted that 30 per cent would become tuberculous. But experience shows that while in some groups the percentage of tuberculosis has been considerable, in others the percentage in those returned is extremely small. According to recent advices, among 175,000 French prisoners of war the percentage of the tuberculous was only 6-10 of one per cent! This remarkable showing seems to prove that even under the most unfavorable conditions a life in the open air prevents tuberculosis from exercising a dangerous sway.

We have reached the conclusion that a serious incidence of tuberculosis upon the army would mean that tuberculous men had been admitted to it. The fact would discredit the professional expertness of the army surgeon rather than the hygiene and health conditions of the army service. An important lesson may be drawn from this fact which may serve to quiet some anxieties.

We are often told that tuberculosis will develop under the conditions of army life and that there is danger of the disease being communicated from the sick to the well, that each tuberculous man is a potential source of infection to those around him, that consequently he should be isolated at once and eliminated from the hospitals of the mobile army at the earliest possible moment. I have sometimes thought that the ease with which the programme of examination of the enormous masses of men of the army was put through—appalling task as it seemed at first sight—was to be explained by the prevalence of the notion—we must be rid of the consumptive, not so much

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because he is a weak link in the chain, not because he occupies a place that should be filled by a fighting man, but because he will spread disease among the well. There has been some advantage in this idea if it has enabled the useful work of re-examination for tuberculosis to be carried out. But though this advantage has been reaped, it is certainly time to revise our notions as to the contagiousness of tuberculosis. Everybody knows that doctors and nurses labor for years in closest contact with the consumptive, yet it is rare for them to develop tuberculosis in their own persons and we have all seen many a delicate wife or mother nurse a dying husband or son without contracting the disease. We have to admit that many are immune, however great their exposure. But on the other hand, there are cases in which both husband and wife have consumption, or in which those who occupy the same room or work at the same bench with a consumptive finally are found to be themselves infected. We do not stop to think that with a disease as common as tuberculosis it must frequently happen that cases of the disease will develop simultaneously without being derived one from the other, that a man who had or was going to have consumption might marry a wife doomed in advance to the same fate, or that if conditions of health, food, ventilation, etc., were bad enough to break down the health of one worker, they might be bad enough to have the same result with his neighbor. We do not stop to think of these possibilities, but instead we say: consumption is contagious and the proof of the fact is that our neighbor died of consumption and his wife has caught it from him, the man who worked next to the consumptive in my factory has got the disease from him, etc., etc. A great deal of perfectly preventable distress has been due to the alarmist's attitude toward the question of contagion of tuberculosis. The really cruel persecution of the consumptive, who is driven from his house and from his position through the fear that he will infect others is based upon what I must characterize as highly exaggerated notions of the danger of such infection. All must admit that some are immune to infection, the question is are there others who are readily infected and is this class a numerous one? The prevailing view is that the danger is so great as to justify the most stringent measures to abate it. A few, with whom I must class myself, believe that the danger is very small, so far as infection from adult to adult

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is concerned and really demands preventive measures only in the case of young children.

I wish that time would permit me to set forth in detail the scientific reasons on which this opinion is based, but that is impossible. I must content myself with inviting your attention again to the declaration of Landouzy. Years have elapsed since his 86,000 consumptives were weeded out of the French army. There has been time enough to judge of the end results of their presence in the ranks and on sober second thought the decision is reached—the consumptive brought the disease with him into the service. There appears no evidence that the disease developed frequently, at least after entrance into the army. Consequently we draw the conclusion that the disease could not have been communicated to any considerable extent to say the least, from one soldier to another. Here is an experiment on a large scale; thousands of consumptives were put in closest contact with millions of healthy men and the result after three years is that it can not be shown that such proximity did the well men any harm!

We may, therefore, be reassured as to our army, so far as fear of spreading the contagion of tuberculosis is concerned. The soldier who enters the service in good health runs very little ~~risk of~~ acquiring tuberculosis from association with his fellows. There is, however, unfortunately a darker side to the picture which we, in our zeal for the whole truth must not overlook, namely the relation of measles to tuberculosis. Wherever large bodies of men are brought together, measles seems to break out. The disease is relatively insignificant when it seeks to attack the city dwellers. Most of them have already had measles and are immune. Not so among the country boys. Regiments made up of men from the farms have been severely tried. Many have died of pneumonia following measles and in some tuberculosis has developed as a sequel, showing the strange relationship that exists between the two diseases. In order to develop the facts and to lose no time in the treatment, orders have been given that all soldiers who have had measles shall be examined twice at intervals of a month to ascertain whether or not tuberculosis has developed. It has been found as a result of these examinations that of 5,945 cases of measles reported as examined 173 have developed an active tuberculosis, or 2.91 per cent. Here it is not a question of the trans-

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mission of tuberculosis from one to another but of the awakening of a latent tuberculosis as a result of the infection with measles. It should be added that it is probable that the number of really tuberculous cases is less than the above figures would indicate, that some of these cases classed as tuberculous are rather cases of as yet unresolved pneumonias, but on the other hand, no doubt, all cases of tuberculosis reactivated by measles have not yet been detected. There again is an experiment on a large scale, which we will hope will prove in the end to have resulted more favorably than the facts now available would seem to indicate.

Tuberculosis having been found to be present in an active form in a given case, what shall be done with the soldier? The answer that many have given is, retain him in the service and "reconstruct" him. Many brains have been actively engaged in plans for reconstruction hospitals and workshops and for apparatus to be used in the work. The term has been most employed by the surgeon. It includes the restoration to function, or the teaching of new function of maimed extremities, the recovery of some degree of comeliness in faces with horrid deformities from wounds, exercise to keep or regain the activities of wounded nerve or muscle, which as soon as possible is obtained through some useful form of labor, and the teaching of new trades suited to the altered capacity of the worker, sometimes even the development of unsuspected abilities to do more excellent and better paid work than the man has ever done in his days of health.

The wounded man who has been reconstructed in the widest sense has been made over to some extent both physically and mentally and consequently we may hope is morally aided as well. This is certainly a noble aim yet if we judge from the results in similar work abroad, one that we may reasonably hope to attain if our efforts are wisely guided.

As applied to tuberculosis, however, the problem of reconstruction, while it is simpler, is yet really more difficult than it is in surgical cases. Here there is no question of repair to injuries; the tuberculous soldier has all his members intact. But whereas in surgical cases the effort is to set the patient at work at the earliest possible moment, in tuberculosis our aim must be at first to keep the patient still, to prevent him not only from working but even from moving about. And it may be

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necessary to continue him in this state of inertia for many months in some cases, if good and permanent results are to be attained. All the preconceived ideas of the patient and in many cases the restlessness characteristic of the weakened nervous system of the consumptive militate against the notion that prolonged rest in bed is needful or even desirable. To be successful in carrying out such treatment, it is necessary to instruct and to persuade. The physician must have faith in the treatment and a real interest in the patient's welfare if good results are to be attained. Not only does the physician study the patient, the patient studies the physician as well. In his daily visits the physician is weighed and judged. The patient soon knows whether the physician really believes what he says, whether he really cares to cure, or whether on the other hand, his words of admonition and counsel are merely the perfunctory words of an official paid to perform a task in which he has no real interest. The physician must therefore have zeal in his work and a persuasiveness which succeeds because based on a true desire to help and a belief in the efficacy of the means employed to cure. But more than that he must be well grounded in the pathology of tuberculosis and be able to teach the patient from such a fullness of knowledge that it inspires faith in his teachings. The tuberculosis hospital or sanatorium should be a school for the education of the patient in the right way to live. But where a course of life extending over years is the thing taught, it is necessary that the patient shall know the reasons for the precepts given him. The *ipse dixit* of the physician may suffice for the moment. Its effect will fade in years to come. The facts upon which the treatment of tuberculosis are based are not difficult of comprehension unless beclouded by a technical vocabulary which the patient can not understand. Explain to him the reasons in a simple language, convince him of your interest in his welfare and in many cases you will make a convert.

Some of the patients, however, will not be convinced, will not do well under treatment and may seek an early discharge because restless and unhappy. A better result is not necessarily attained among those presumably more easily taught because more educated and of higher intelligence. Docility of the patient is one of the most important prerequisites of success in treatment and a certain percentage will always be found

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indocile. In those who submit with good grace to the treatment, the danger exists on the other hand that the enforced idleness may become demoralizing, that having become accustomed to a life of repose the patient will shrink from the idea of resuming a life of labor and when the time for work has come will demand his discharge in preference to undergoing a course of instruction though that be calculated to fit him in the end for more and better work than he has ever before accomplished. The methods of instruction mentioned a moment ago are, in my judgment, the ideal methods. It can hardly be expected that the results attained by all physicians with the hundreds, if not thousands of such patients will reach these ideals, and even the best instructed and most docile, when they pass from under the influence of their physician will be tempted to stray from the course of life prescribed or become restless and desire a change of scene.

The old pension system was demoralizing to a certain type of men in that it enabled the pensioner to live without work. Fortunately by the act that created the Bureau of War Risks, it is provided that those who serve in the present war will not be subject to the pension laws but will have a compensation in case of injury or disease which will be determined by the War Risk Board. Now if this compensation is arranged so that he who remains in the service will be better paid than he who receives discharge and returns to his home, it will be possible to retain the patients in the military service and under treatment. If this is not arranged I believe that the majority of the patients will in the end, seek discharge and, if they desire discharge, they must be given it. In this event the programme of reconstruction will be carried out but partially and imperfectly. I wish to emphasize the conviction gained by many years of experience with this class of soldiers that unless it is made peculiarly profitable to remain in the service, the majority of the tuberculous will sooner or later prefer to be discharged and return to their homes rather than to submit to a course of treatment, even though this treatment aims at and often succeeds in effecting a permanent cure. The heart of the philanthropist glows at the thought that a generous nation is willing to keep on its payroll soldiers who can never again fight on its behalf, that it expends large sums in providing means by which these unfortunates may be cured of their dis-

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ease and trained to work, or if the conflict goes against them, may be furnished an asylum in which they can spend their last days in peace. But if we are to practice philanthropy successfully, we must know the world as it is, not as we could wish it to be. These patients are not as a rule philosophers and sages. They know little or nothing of the treatment of tuberculosis nor of the results which are to be expected from it, nor of the way in which such results may be obtained. Yet many of them prefer to follow their own judgment rather than listen to advice. Such men pass quickly from an unfounded optimism to its opposite, an equally unfounded pessimism. They wish to go home today, because they are doing very well and they can pursue the treatment to equal advantage there. Tomorrow, perhaps, they will say that it is of no use to persist in the treatment, that they are not gaining in health and that they might as well go to their homes and get such pleasure as they can from what remains to them of life. And not only the weaknesses, the best emotions of the human heart are enrolled on the side of the opposition. The love of the patient for his family, the yearning of the wife or of the mother for the husband or son, are so many cords drawing him away from what we conceive to be the path of duty. We can not blame him if he yields! only the careless or the recreant could be insensible to such pleadings. Yet they are the voice of the siren, nevertheless, enticing him to renounce a future good for a present enjoyment. The real love for wife or mother would say, "You are dear to me and therefore I cannot come. I love you so much that I must stay and try to save my life for your sake. I must forget you in the present in order that I may enjoy you during a long future." There is a wisdom and a moral heroism in such a resolve which commands our respect. Would that we could affirm that so heroic a determination is invariably rewarded by the success it deserves. It is sometimes a bitter thought to the physician who has persuaded the patient to stay, that he has been responsible for keeping a patient uselessly under treatment and of thus depriving him of the loving care that friends would have lavished upon him if they had been allowed the chance. Here the only consolation is the thought that so far as could be determined at the time, the decision made was the correct decision even though the result was ultimately disaster and that the unfortunate patient

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gave a better proof of his affection by remaining to fight than if through weakness he had given up the conflict. But what an incentive for the physician such an event is, to give the best efforts of which he is capable in order to understand, so far as fallible man can, the nature of the disease he is seeking to combat!

The philanthropist himself is sometimes inclined to interpose with benevolent motives to ask for action which is really to the prejudice of the patient. Thus a priest implored the hospital management in the name of God to release a patient who lived in comfort in the balmy air of the Southwest in order that he might go in the dead of winter to a bleak district of the North and to a humble home destitute of all suitable accommodations for a sick man.

Now that we are speaking of the philanthropist may I be pardoned for a slight digression? It is this,—a surprising feature in many interested in philanthropy is their apparent lack of civic conscience. It is the fashion today to spend money with a lavish hand for all sorts of good things, perhaps sometimes to spend more than the goodness of the thing really warrants. When the reaction comes and taxes grow irksome, as they become more familiar, there will be a day of accounting and in that day the size of the pension list, or, more accurately, the list of those entitled under the present law to compensation will be one of the numerous things which will be severely criticised. The regular army officer brought up in an economical school has striven to diminish as much as in him lay, the size of this list by seeking to exclude from it those who had entered the army through some oversight of the examining officer with tuberculosis contracted long before, a condition therefore for which army service could not justly be held accountable. This laudable effort to help the future taxpayer, however, met with the most strenuous opposition on the part of various philanthropists, many of them ladies, who are quite sure that though the man whose cause they champion had been in the army but a month before his disease was discovered, and though that disease was of the most chronic type, who are quite sure, I say, that the poor man had been perfectly well until he left his home and entered the army and that the exposure of army life had certainly been the cause of all his troubles and that the

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government should without any doubt be required to support him.

Even the philanthropic life has its drawbacks as you will admit. How different is reality to the dreams of the unthinkingly benevolent in which all the good is on one side and all the bad is on the other and it is perfectly easy to determine what the proper course is! However, such considerations should not discourage philanthropy, but rather inspire caution in the practice of it. Philanthropy can only be truly benevolent and altogether beneficial when those who would benefit their fellow men are willing to make an exhaustive study of the conditions.

Physicians are constantly seeking new and infallible means of diagnosticating disease. Very often a discovery is heralded as a means of establishing a certain diagnosis in some morbid state. But almost always after the first enthusiasm abates it is found that after all, there are exceptions. The new sign or reaction is not absolutely pathognomonic. There never will be a time when a physician can practice his profession with scientific success without the use of all his brains and all his acumen. And it is very much the same way with philanthropy. Measures which seem beneficial may produce evils. What is best for one class at one place may not be best for all classes at all places. There is no easy way of always deciding what it is best to do.

It is a pleasure, therefore, to be able to point out one philanthropic measure which is too much neglected for other measures really of much less importance, yet with regard to which there can be no doubt that it is a long step in the direction of abating the scourge of tuberculosis. I refer to the prevention of tuberculous infection among young children. I have expressed a doubt as to the seriousness of the danger of infection for the adult who has already come into contact with the tubercle bacillus, there is no question, however, that so far as the young child is concerned, where there is virgin soil for the tuberculous infection, tuberculosis is as infectious as measles. It must needs be in civilization that infection with tuberculosis come sooner or later to all, but it is important that the infection shall not come too early in life and of the utmost importance that when it does come the size of the infection shall be small and that it be not frequently repeated.

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Another measure of perhaps equal importance is the enforcement of the best conditions of hygiene as respects fresh air and sunlight and food for the growing child in order that it may have strength to master the small infection and convert it into a beneficent vaccination instead of permitting it to grow till it becomes a life-long menace and too frequently a source of death. It cannot be pointed out too often that in spite of our neglect of elementary precautions, the majority of our population nevertheless succeed in obtaining unconsciously that beneficent vaccination, so that no matter what the exposure, they do not acquire a clinical tuberculosis. What we must do by our philanthropy is to devise means whereby the unfortunate third or fourth of our race who are now not so successful in their struggle against the enemy may be enabled to join the more fortunate majority until the percentage of active tuberculosis becomes reduced to an insignificant fraction and finally vanishes entirely. Given wise philanthropy which persists in its endeavors, this is no utopian dream. Whether tuberculosis as a menace and a drain upon society shall be eradicated or not depends upon the care which shall be extended to the coming generations of children still unborn. To abolish slums, to improve the housing conditions in general of the poor, to teach proper cookery, proper selection of foods and the benefits of fresh air, sunlight and cleanliness is to hasten the advance of sanitation along the road on which progress has already been made from generation to generation. Tuberculosis is already slowly diminishing in prevalence as a manifest disease in most countries. We can do much, however, to hasten its disappearance by our organized philanthropy if wisely directed. Yet all these means will fail to attain what we could wish unless we add one additional measure, the segregation of the infant from sources of contagion. The French have seen the light more distinctly than other nations. In France the formula is: either remove the young child from the presence of the consumptive or the consumptive from his family, if there are young children. The child must by all means be prevented from receiving the massive infections which it is sure to get if it lives with the coughing consumptive.

Here is a definite programme, but what a difficult one! For against it are all the impulses of the most sacred affection, the love of parents for their children. This brings us back to the

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consumptive soldier. At the beginning of the war it was recommended that the tuberculous should be returned to the vicinity of their homes for treatment in order that they might visit their families or that their families might visit them. This I call unthinking philanthropy. Often it is true such visits might do no harm, but the distinction between harmless and harmful is not clearly made, the new baby will infallibly be brought along for the father to see it, unless education is vigorously instituted in advance of the father's return. What an advantage for the children if the father cannot come home to them! How much higher the moral elevation of the man who is taught to sacrifice his paternal yearnings to the best interests of his children, than that of him who cannot consent to live without his family! There is much to be effected in this direction by careful instruction of the consumptive and of the adult members of his family. But what shall be done with the minority of the careless and the willful,—those who are ready to sacrifice the welfare of their infants to their own selfish longings? Shall they be restrained by the hand of the law or shall their children be taken from them to be cared for in public institutions? The French say yes. What shall we say when the question must be met? Do we recognize sufficiently that true philanthropy sometimes hides behind a mask of sternness?

Nothing could be finer than the spirit of our people in these sad times. Nearly all are anxious to help in some way, feel that they must do something for their country. Sometimes there is the regret on the part of those who must stay at home that there are not more numerous ways in which they can do something really useful and sacrifice their ease and pleasure to some good purpose in the cause of patriotism. Intelligent cooperation in the care and management of the wounded and sick soldiers and in providing for their families is one of the directions in which the energies of the charitable can find an outlet. I bespeak your interest and sympathy for that peculiarly unfortunate class, the consumptive soldiers, and for their families. Would that I could hope that my words today have thrown some light upon the difficult problems which must be met in the sociological study of the tuberculous and in practical benevolence as extended to them. It is commonly remarked that this terrible and gigantic war has changed the world. We

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shall never again be the same people. The moral uplift of the present is unmistakable. We are willing to sacrifice ourselves now for our country. May we not hope that this patriotic devotion, this moral uplift will continue after the war has ended?

We are willing to get together to labor in unison for our soldiers, we are willing to work at hard tasks, without compensation oftentimes, in order that the business of the country may cooperate to the best advantage with the fighting force. Why should not this organized effort continue after the war? Our country is no less our beloved country because peace has come. Why should we not put our team work in which we are now so experienced at the disposal of the noble cause of philanthropy, see that the poor are not oppressed, know what goes on in our jails, our asylums, our workhouses, elevate the submerged fraction of the population and abate the causes of disease and accident?

His army experience is but an episode in the life of the tuberculous soldier. He, as a rule, owed his tuberculosis to the conditions of civil life before he entered the army. The tuberculosis of the army merges into that of the whole population. The great problem of tuberculosis will remain after our army has laid down its arms as one that calls for all our efforts, yet is, we may confidently believe, a problem for which in time we can, we must find a triumphant solution.

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OUR PATRIOTIC DUTY IN THE PRESENT CRISIS.

CONGRESSMAN J. THOMAS HEFLIN, LaFayette, Ala.

Mr. Chairman, Doctors of Alabama, Major Bloodgood, Ladies and Gentlemen:

I appreciate the honor that the Medical Association of my State has done me, through its distinguished President, Dr. Partlow, in inviting me to speak here on this occasion. I have long been intimately associated with doctors. My father was a doctor and I have two brothers who belong to your high and important profession. I am glad that I have had the opportunity of hearing Major Bloodgood's able address, and I am pleased that I have had the pleasure of hearing Major Harris read the splendid paper to which you have listened. I am glad to find the doctors of Alabama so keenly alive to their patriotic duty and I want to say here, Mr. Chairman, that I do not know, in all my acquaintance, a single doctor who is a slacker or a German sympathizer. (Applause.) All of them that I know are true blue, whole-hearted Americans. (Applause.) I find that the doctors of my State are thoroughly aroused to the solemn fact that this country is at war.

Ladies and gentlemen, I cannot understand how any man or woman in this great free government of ours can be luke warm or indifferent to the country's interest at a time like this, and I cannot at all understand how any one who has enjoyed the blessings and benefits of this great country can now give aid and comfort to her enemies. (Applause.) We are a peculiar people, gathered here from every country on the globe, and I believe that it was God's purpose in the great plan of things to keep this country hid from Kings, Emperors and Czars so that in His own good time, He could gather here men and women who loved religious and civil liberty well enough to do and die to establish and preserve them. God Almighty curtained in this virgin wilderness of the West and kept it hid from the rulers of the Old World for thousands of years and he finally drew the curtain aside and sent Columbus, the exploring Moses of the modern world to lead the way to this

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ideal spot of earth (Applause), and here the colonial fathers pitched their tents and erected their altars, and when but three million strong, achieved their independence and established liberty in this Western world. (Applause.) Can you not trace the handiwork of Providence in it all? Ladies and gentlemen, we are the only government on earth fashioned after the Democracy that God gave to the world through Moses. You remember that in that government, God told Moses that there should be rulers over tens and over fifties, over hundreds and over thousands. The small division of ten represents our precinct and the fifty our county, the hundred our state, and the thousand our nation or United States. God overthrew autocracy to establish democracy. Autocracy has come again to curse the world and the final conflict is on between autocracy and democracy and God is on the side of democracy. (Applause.) He has permitted us to grow and prosper; to become a rich and mighty people and now the time has come for us to render valiant service to God and humanity. (Applause.) We did not want war; we did all in our power to avoid it. No nation in all the world ever tried so hard to keep out of war as did this nation to keep out of war with Germany. Under the matchless leadership of Woodrow Wilson (Applause), we were patient and long suffering, willing to endure insults and indignities, if by doing so we could remain at peace with the German Government. We were "slow to anger" as the Bible teaches and we literally followed the Scriptural suggestion, "If they smite you on one cheek, turn the other also," and then we had to fight because we did not have but two cheeks to turn. (Applause.) We violated no treaty obligation; we trespassed upon no principle of international law; we followed every rule laid down in the law of nations for the conduct of neutral countries. We were dragged into the war by Germany without fault on our part and against our will. Time and time again, the German Kaiser violated his treaty obligations to us, and time and time again, the President reminded him that he must respect our rights and not interfere with our dealings with neutral nations. We were a neutral nation, doing nothing except what the law of nations permitted us to do, and that law of nations the Kaiser helped to make, and when he trampled upon our rights, interfered with our trade and destroyed our commerce, he became an outlaw seeking to destroy

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our rights and liberties. (Applause.) Even then, the President hoped and prayed that the Kaiser would see the error of his way and cease insulting and interfering with our nation. But not so. He understood our desire for peace to mean cowardice and fear and he went on from bad to worse, and in 1915, he sunk a passenger ship carrying non-belligerents, American citizens, men, women and children, all in the peaceful pursuits of their legitimate business. As that ship, with no knowledge of its danger, was nearing a German submarine lying in wait to destroy it, I can imagine that the spirit of John Paul Jones brooding above that assassin of the sea said to the submarine commander, "What are you going to do?" and from the submarine a voice answered saying, "I am going to sink that passenger ship," and then the spirit of John Paul Jones said, "You will give the ship warning and save the lives of the passengers and the crew?" "No," came the cruel answer. Then said John Paul Jones, "There are women and children, citizens of the United States on board that ship and when you murder them, you strike at the very heart of the United States government, for the government was established to protect and safeguard the citizen in all of his rights and liberties and when you murder these citizens, you commit an act of war against the United States." (Applause.) But the ship was sunk and the American citizens were murdered by order of the German government, but we did not go to war even then. So anxious were we to keep out of the war, if possible, the President said to the Kaiser, "If you will make me the solemn promise to sink no more passenger ships without warning and that you will save the lives of the passengers and the crew, and that you will cease to interfere with our commerce with neutral nations, we will not declare a state of war to exist." The Kaiser, surprised that we had shown the disposition to resent his brutal act in sinking the Lusitania, agreed to the President's suggestion and made the solemn promise. And what happened after that? The Kaiser went back and commenced to make preparations to break the promise that he had made to the President. He ordered more submarines built and as soon as he was ready, he notified the President that he was going to break his promise and begin anew, a more brutal submarine warfare than he had ever conducted before. He ordered us to stay off the high seas. He denied us rights and

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liberties that are absolutely necessary to our independence and sovereignty. He broke faith with our government, violated again his treaty obligations to us, trampled upon the principles of international law and violated evey rule of civilized warfare and before Congress could be reconvened, he had destroyed our commerce, sunk our ships, shot down our flag and murdered our citizens, and let me say here, that the nation that would not fight under those circumstances is not entitled to the love and loyalty of its citizens. (Great Applause.) There never was a bully in the world but that he struck one man too many. (Applause.) You never knew it to fail. The bully always does the thing necessary to cause some one to put an end to his existence and when the Kaiser heaped insult after insult upon our country, violated his treaty obligations and broke his personal promise to us and then fired upon our flag and murdered our citizens, he struck one man too many. (Applause.) America will strike the blow that will put an end to this brutal bully of the Old World. (Prolonged Applause.)

At first we did not understand just what the real situation was. We were startled and dazed by the sudden outbreak of the war and yet we felt that it did not concern us especially, and for more than two years we never dreamed that it was a part of the German plan and purpose to conquer our country and set up German rule in the United States. It developed later to our utter surprise that while we were remaining neutral, Germany was planning and plotting the destruction of our government and the overthrow of our liberties. Even before we knew that the Kaiser had designs upon us and our liberties, the Kaiser's brazen agents had discussed methods to be employed in overcoming us and they had even discussed a division of the spoils to be acquired in the conquest of the United States. Think of it! All this transpired while we were neutral and while we were trying to remain friendly with Germany. These brazen agents of the Kaiser, speaking for him, promised to give some of the states of the American union to Mexico and Japan if they would heip Germany to conquer the United States. These brazen agents have told the people of Germany that we had no army and that we could not raise one and get ready to defend our country before Germany could invade and take it. They told them that this country was new and rich in material wealth of every kind

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and induced them to believe that we were a race of spineless weaklings unwilling and unable to defend our country against and invading enemy. Here we were, regretting that the war had been commenced, but looking on with indifference while Germany was fighting to conquer Europe so that she could then give her whole time and attention to conquering the United States and we did not know that the United States was in the German plan of conquest until the German Chancellor, speaking for the German Kaiser, stated, in the Reichstag, that Germany would attack the United States just as soon as she had conquered Europe. Then came the startling and astounding statement that the German Secretary of Foreign Affairs had admitted that he, on behalf of the German government, had promised United States territory to Japan and Mexico if they would help to conquer the United States. They filled our country with German spies who disturbed the peace and quiet of our people with repeated violations of our laws. They encouraged industrial disturbances, blew up munition plants, destroying property and murdering men and women right here in the sovereign household of the United States.

War is a sad and awful thing, but there are times when it is necessary to employ physical force to meet attacks made by those who would destroy our rights and liberties and that time came to us in 1917 when Germany undertook to deprive us of rights and liberties dear to every American citizen. Those rights and liberties came to us through the fighting of our fathers and now we must fight to preserve them. (Applause.) When Germany broke her treaty obligations to us; violated international law, and trampled upon rights and principles that make up the very life of our nation, she challenged our right to remain a free government, and fellow citizens, if we had failed to resent and resist Germany's brutal and unwarranted attacks upon the honor and integrity of our country, upon the rights and liberties of our people, we would have proven ourselves unworthy to be citizens of this great government and unfit to be the guardians of American ideals and institutions. (Applause.) Germany forced upon us a condition that left only two ways open to us, one the road of national honor, and the other the road of national shame and dishonor. To go the one meant battle, sacrifice and liberty saved, and to

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go the other meant cowardly surrender and liberty lost. (Applause.)

The Kaiser has carried on a campaign of deception and hypocracy from the very beginning of the war. His old grandfather, it is said, secured an assassin to remove old King Frederick, of Denmark, and then took two provinces from that country and the world has come to believe that the Kaiser's country inspired the murder of the Archduke and Duchess of Austria and then accused Serbia of that crime in order to give Germany and Austria an excuse for beginning a war for which Germany had long been preparing. (Applause.) Hiding his desire for conquest and world dominion behind this murder, planned in Germany, the Kaiser commenced the bloodiest war in all history. In spite of the fact that Germany was the only nation in the world prepared for war, and in spite of the fact that Germany actually commenced the war by invading Belgium, the Kaiser has tried to deceive the people of other nations into believing that the war was forced upon Germany. (Applause.) He has violated every rule of civilized warfare. He has invaded the sanctity of the home of civilian populations and outraged the flower of its womanhood and murdered babes in their mothers' arms and on last Easter Sunday, he murdered women and children kneeling at prayer in the House of God. His brutalities and barbarities are without parallel in human history. (Applause.) His crimes would bring the blush of shame to the fiends of hell and yet this mad monarch, dreaming of world power, steeped in brutalities and covered with crimes proclaims to the world that he is doing the will of God. Yes, upon top of all his other sins and crimes, he now blasphemes the name of God. (Applause.) When the world was at peace and the nations of the earth were condemning war as barbarous and preaching peace and good will to men, the Kaiser was devoting his whole time and attention to making implements with which to violate God's command, "Thou shalt not kill."

When other nations were beating their guns into plow shares and their swords into pruning hooks, the Kaiser was preparing to live by the sword and God's word tells us that he "who lives by the sword, must die by the sword." (Applause.) What a crime to suggest that the Christ of God who went about doing good, healing the sick, making the lame to walk,

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unstopping deaf ears and restoring sight to the blind, is a partner in the cruelties and crimes of the Kaiser. (Applause.) The Master found a poor afflicted man bed-ridden and unable to move, and He said take up thy bed and walk. The Kaiser's brutal agents found French soldiers in the hospitals in France, wounded, sore and unable to move and they murdered them. The Master put wet clay on the eyes of the blind man and gave sight to him who had never beheld the light of day. The Kaiser's soldiers put out the eyes of French prisoners and deprived them of their sight forever. The Master touched a withered hand and made it whole, but the Kaiser's soldiers cut off the right hand of little boys in Franch and Belgium. The Master gathered little children about Him and blessed them, but the Kaiser's soldiers ran bayonets through little babes in Belgium and murdered them in their mothers' arms. The church is the bride of Christ and yet the Kaiser has destroyed these holy places of worship and murdered christians in the House of God. Libraries of christian literature have been destroyed and art treasures of the christian era have been shattered and ruined by the German Kaiser's brutal army, and yet this fiend in human form claims to be doing the will of God. This blaspheming monster turned a day of blessed peace into a night of brutal war, and God's curse is upon him who in this day of christian civilization crucifies peace upon the reeking altar of war. (Applause.) The woe and the want, the suffering and the sorrow, the cruelties and the crimes that lie in the wake of the Kaiser's army are enough to call down from God himself a consuming curse upon the German cause. (Applause.)

No nation ever endured so much without fighting as this government endured for nearly two years at the hands of the German government. With justice and right on our side, we entered the war with the light of Heaven upon our blade. (Applause.) There is no scheme of conquest or oppression in our program. We are fighting because Germany forced us to fight. There was nothing else to do but to fight, and we are fighting to preserve our liberty and to save the life of our nation from the dangers that threaten it. (Applause.) We are going forth to battle in the name of God and human liberty. We are fighting to make the world safe for America and to live in—safe for our children and our children's children long after we are dead. (Applause.) A war-mad monarch,

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dreaming of world power, going forth with torch and sword, is seeking to destroy free government everywhere. (Applause.) Three years ago the Kaiser said to his soldiers, "On to Paris and world dominion." The brave Belgians in that immortal ten days battle against the overwhelming numbers of German soldiers and the heroic sons of France in the battle of the Marne prevented the German army from reaching Paris and in doing so, saved the liberty and the civilization of the world. (Applause.) Belgium, prostrate, bleeding Belgium, lone and tragic sentinel of civilization, the human race owes to you a debt of gratitude that the children of men can never pay. (Applause.) In your unfailing courage and devotion to duty, you have given to the world heroism's undying creed of Martyred Faith (Applause) and in the years to come, poets will embalm in immortal verse the virtue and the courage of your people, and the Historian will tell to generations yet unborn the story of the valor and self-sacrificing spirit of the brave Belgians who died that liberty might live. (Applause.) Brave and heroic France, what shall I say of you? (Applause.) America knew of the nobility of the French people, of their courage and their love of liberty, long before this war forced France to give to the world a new manifestation of superb courage and love of home and liberty. (Applause.) The pangs of hunger and thirst, the grinding hardships and privations that he has endured in this war with Germany stamps the French soldier with a heroism unsurpassed in human history. (Applause.) Aye, with a courage unfailing and with a daring undaunted in the face of danger and death itself, the French soldier of today challenges the love and admiration of the world. (Applause.) Hope on, trust on, fight on, brave France, we are comrades again in the cause of liberty. (Applause.) Just as you fought with us to achieve our liberty, we will fight with you to preserve it and to save to you and to yours the republic that you love. (Applause.) When our colonial fathers were engaged in a death struggle for liberty, you loaned us money and you sent us men. French soldiers suffered and died in the struggle for American liberty, and now while we fight to preserve that liberty, we shall fight with more eagerness and enthusiasm because in preserving our own government, we are helping France to preserve the French republic. (Applause.) God forbid that we shall ever prove

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recreant in our obligations to the people of France. (Applause.) We shall have nothing to do with the politics of France, or with the politics of any other European country. We shall not undertake to say what form of government the various countries shall have. We are fighting for the right of self-government in America, and for the principle which permits the people in the various countries to have the form of government that they think is best suited to them. (Applause.) As soon as we have aided in putting down the monster that threatens our liberty; that would destroy our government along with every other government that favors democracy against autocracy, then we will have finished our work. (Applause.) Germany attacked Belgium and France, and England and Russia knew that they themselves were on the program of Germany's work of destruction. We did not believe that Germany had designs upon us and that she intended to attack us when she commenced the war in Europe, and we would not believe it until she committed many acts of war against the United States. So when Germany finally forced us to take up arms in our defense against her, we joined forces with the Allies in battle against a common enemy. (Applause.) Germany, and Germany alone, is responsible for war with the United States. The United States did not enter the war willingly. It was forced to draw the sword, and this nation, with the Allied nations, is in the position of a house in a row of houses that incendiaries are setting on fire, and in order to prevent the destruction of your own house, you must go down the line and join with the others whose houses are on fire and help to destroy him who carries the firebrand, bent on the destruction of all the other houses. (Applause.) Or we are situated like the people along the Mississippi River who must depend upon the levees at the head of the valley to protect them from the destruction and ruin of the flood. So when danger threatens, the people living way down in the valley, far removed from the levees at the head of the valley, are not content to know that the levees in their immediate communities are in good condition, but they see to it that the levees at the head of the valley are guarded and kept in good condition. So if the man carrying the firebrand is allowed to work his will, all of the houses that he desires to destroy will be consumed by fire, and so it is with the levees on the Mississippi River.

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If the flood is not kept out at the head of the valley, the lives, the homes, and the property of the people will be destroyed. So it is with the American people. The desire for self-preservation compels us to unite our forces with those who are being attacked by our enemy and their enemy. (Applause.)

Ladies and gentlemen, we have a duty to perform here at home. Your government has raised an army, manufactured guns and munitions and transformed a democracy into a fighting machine. (Applause.) Our boys in uniform are in training camps and on the firing line in France, and we owe it to them and the land that we love to close up the ranks here so that no voice will be lifted and no hand raised within the confines of the United States against the country for which they battle at this hour. (Applause.) When the country is at war, it is the duty of every citizen to get behind the government; but if he will not do that, it then becomes the duty of the government to get behind the citizen. (Applause.) The man going about our country now spreading the poison of sedition and treason deserves to die. (Applause.) Why should we permit him to go unpunished while he weakens the arm of the government that our boys have gone forth to fight and die for? (Applause.)

It is your duty to report every man or woman who is doing a suspicious thing or talking in a suspicious way. If you have any doubt about the guilt of the suspicious person, give the boys at the front the benefit of the doubt and arrest him. (Applause.) It is your duty to help silence these fellows in the private walks of life and my duty to help silence them in the halls of Congress. (Applause.)

Certain slackers in Washington have tried to embarrass the President and the country by their unpatriotic acts and utterances and I have dared to criticise and condemn their un-American conduct. (Applause.) As a member of Congress from the great and loyal state of Alabama, I promise you here and now that so long as I am a member of that body, Congress shall not become the forum and the Congressional Record the vehicle to carry German propaganda over the country. (Applause.) I have been trying to do my duty in closing up the ranks in the House and in rendering whatever assistance I could toward bringing about unity of purpose and concerted action on the part of our people everywhere. (Applause.)

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While the newspapers of the country generally have supported me in the fight that I have made, the Age-Herald, a paper published here in Birmingham, in my own State, for some reason, has published free of charge a speech of Mason, of Illinois, attacking me personally because I had criticised a speech made by him in Congress in which he impugned our motives and misrepresented our country's position in the war with Germany. After the Age-Herald had published Mason's speech attacking me, I sent a copy of the speech that I had made in Congress replying to Mason's speech misrepresenting our position, with the request that the Age-Herald publish it and thereby show to me, an Alabamian, at least the same consideration and courtesy that it had shown in publishing the speech of the Illinois Republican attacking me personally, but it declined to do so. Ladies and gentlemen, I have mentioned this matter here because I know that the doctors of Alabama believe in fair play. (Applause.) I intended that the people of the State should know of this situation and just how I had been treated in the matter. I own no newspaper, but thank God, I have the ear of the people of Alabama. (Applause.) Unfair treatment by newspapers, even in my own State, will not deter me or cause me to turn away from the solemn duty that I owe to my country in this trying hour. (Applause.) I had rather die than to sit in silence while German sympathizers are traducing my country and stabbing our boys in the back. (Prolonged Applause.) I regret the conduct of the Age-Herald in this matter and I cannot quite understand just what motive has inspired its strange procedure. I am told that it is encouraging attacks upon me by Mason, a Republican from Illinois, in the hope that it will hurt me and benefit a certain man in Alabama, with whom it is afraid I am going to cross swords in the coming election. (Applause.) Mason is the "wobbling" advertisement of Nuxated Iron, (Laughter) and just what connection there is between that and Peruna, I do not know. (Laughter and Applause.) I merely mention these things. (Laughter.) I am a very human sort of fellow and all I ask of anybody is decent treatment and a fair deal. If I know my own heart, I am doing my best to make a faithful and useful representative in Congress. (Applause.) And in this terrible time, I am trying to be faithful to the boys at the front. I have told them as they left Washington for

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France, "Boys, I am going to stand by you in Congress." (Applause.) And so help me God, I am going to keep that promise. (Applause.) I owe it to the father and mother whose boy has gone to fight and maybe die for my country to do all that I can to silence the enemy here at home. (Applause.) In a million American homes, I can see the mother in the doorway bidding her darling boy goodbye as he goes forth clad in the uniform of his country to battle for you and me. Do you wonder then that I become impatient and persistent in demanding that no one in Congress or elsewhere shall be permitted to slander the cause and traduce the flag for which these boys must fight and die? (Applause.) We cannot all go to the battle front, but we can all render service by giving whole-hearted support to President Wilson. (Applause.) The women of America, God bless them, are rendering incalculable service to our country. (Applause.) Through Red Cross work, food conservation, knitting for the soldiers, and keeping vigil at the altar places of the home, they are giving their heart treasure to their country in the brave boys that they love. (Applause.)

The South, the glorious South, is standing lovingly and loyally behind President Wilson. (Applause.) I said in Baltimore the other night and I repeat it here, that the public man in our section who does or says anything that makes the South appear in the least doubtful or disloyal is an enemy to the South and a traitor to the country. (Applause.) I am proud of the South, of every tradition and patriotic incident. She is a loyal part and parcel of the greatest nation on the globe. (Applause.) The clock has struck in the tower of our destiny. Make bare thine arm, mighty giant of the West and strike for God and humanity. (Applause.) Take up the cross of your country and follow your matchless leader, Woodrow Wilson. (Applause.) I believe that God raised up David to overcome the Phillistines; to preserve the Hebrew religion and save from defeat the army of the Lord, and I believe that He raised up Daniel to give to the world an example of human faith that could not be shaken. I believe that He raised up Moses to be the leader of his people in his day, and I believe that He raised up Woodrow Wilson to be our leader in this trying time in our history. (Prolonged Applause.) Ladies and gentlemen, he is the foremost statesman of our time and

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the master spirit of our age. (Applause.) When the end of this awful war shall come and the representatives of the nations shall sit down together around the counsel board, there at the head of the table, leading in the rearrangement of international affairs, will sit the President of the United States, (Applause) and Woodrow Wilson will write the world's Constitution of Peace. (Prolonged Applause.) All that we hold dear is at stake. God is on our side and we are bound to win. (Applause.)

I can hear our army marching,
I can see our flag unfurled,
And President Woodrow Wilson
Still waves it to the world.

(Prolonged Applause.)

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HOW CAN WE AT HOME COORDINATE AND CO-OPERATE TO HELP WIN THE WAR?

MAJOR JOSEPH COLT BLOODGOOD, M. R. C., Baltimore, Md.

On a few occasions I have had the good fortune to be followed by an orator, so on this occasion there is no reason for my attempting that part of the program, for which I have no experience and no qualifications. Fortunately, one of your representatives will supply that very important part of a patriotic meeting. Some years ago I was asked to make an address in my home town, Milwaukee, and they told me I was to be the only speaker. When I arrived two of my colleagues had been asked, Dr. Rodman, of Philadelphia, and Dr. Murphy, of Chicago. I insisted, as it was my home town, that they should precede me. Many of you have heard Dr. Murphy talk, and he always took time and no one objected to his taking time. Many of you have doubtless heard Dr. Rodman,—he also takes time. (Laughter.) We began at seven o'clock, with a smoker, and when I was asked to begin it was eleven. I said that my colleague, Dr. Murphy, had taken all the time, and my colleague, Dr. Rodman, had taken all the oratory, so there was nothing left for me to do but give them a few facts.

So tonight I want to give you a few facts in a quiet way, and I think you will agree that they are facts.

Surgeon General Gorgas said to a graduating class of the Army Medical School: "Do well daily the little things, and the big things will take care of themselves." In this war the few must do the things that look big, but each one and all of us will have an opportunity daily to do the things that look little. However, the winning of the war will depend just as much upon the little things well done by the many as upon the big things well done by the few.

Colonel Goodwin tells a story very complimentary to America. He said they captured a German officer on one occasion and wanted to find out about conditions in Germany. They asked him about food and he replied that they had plenty of food, that they would be glad to exchange food. They asked

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about the workers in Germany; he said there was no trouble whatever. How about the number of men for the army? "We have more men than we need." To every question the German said they were perfectly satisfied, until they asked, "How about America coming into the war?" Then he said, "That is too bad—we fear that. It is the first time we have been up against brains." (Applause.) You must remember that we can't keep all the brains on this side. Even with the greatest compliment to the men of thirty-one and under there are still some brains after thirty-one.

The army will ultimately require all the men fit to fight who can be spared from the industries essential for the production of war material. Selective service has classified and will ultimately place all the men of draft age, but this country must not forget there is still a large opportunity for volunteers among men of an age over thirty-one.

We should not forget that in England there were over 5,000,000 volunteers before conscription began.

Have we as a nation really responded to the President's call that this is the people's war and that each individual—man, woman and child—has and must do a part?

Up to the present time the army within the draft age is but a relatively small proportion as compared with the army which must volunteer if this war is to be won.

Undoubtedly it is true, as publicly stated in this country by the Archbishop of York, that America did not enter this war on impulse, and General Wood's chief remark since his return from France is, "Hurry."

Can we demonstrate to the world that a people who did not enter a war on impulse, can, after entering the war, hurry in all the preparations which had been omitted up to the time of entrance and which have now become essential to the winning of the war?

The big things, the building of ships, the training of armies, seem less difficult than the little things which each individual must do to marshal the nation at home in order to support, maintain and encourage the army after its transportation overseas.

Inefficiency and tardiness of the nation not under military control will render less effectual the promptness and efficiency of the military machine.

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Let us, therefore, today, as a nation hurry to risk our comfort, our leisure, our luxuries, and our selfish interests for the benefit of our soldiers who are risking their lives.

Kitchener, early in the war said to the British nation: "Stop shouting and waving flags and enlist!"

Should we not say to ourselves, especially those of us who must remain at home: "Stop criticising the Government and military machine, investigate what you can do as an individual and hurry to do the little things which must be done to help in the winning of the war."

My brother, who is in Washington, is behind a bill to establish in this country military law in relation to courts. To have a trial and punishment of individuals who are or may be obstructing in any way our endeavor to protect our men in France. (Applause.) Whether you agree or disagree to sending an army from this land to another—they are over there. There will soon be a million over there, and we will soon have an army in this country of parents and wives, and if we do not support the men in France we will have an army in this country asking why we do not support them. It is absolutely true that if we do not win this war, at the side of England and France, those men in France will never return alive unless we arm them with the last cent we have, and we must begin today to support those men whether in the draft or in the volunteer age. One of the greatest supports of the fighting men is the medical profession. (Applause.)

Who of us who heard can forget Colonel Goodwin's remark in relation to the battle of the Marne, "The thin line held," and Colonel Dercle's remark, "The French intimated to the Germans that they should stop, and they stopped?"

We all know that this cannot go on much longer.

The medical profession is by no means mobilized. There may be enough in the Medical Corps for our army of today, but there are by no means sufficient for the army of tomorrow. Remember what I said today, and I will repeat it now. There is only one way out of the thing now so far as the medical profession is concerned. Let every man under fifty-five volunteer, and if you are physically fit send with your application your exact standing and the conditions in your community, and when you are called you will not be called alone but five hundred of the same class will be called.

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The reason that some men hold their commissions today and have not been called is due to the fact that we have no place to put them. The training camp at Fort Oglethorpe was full, the base hospitals were full, every training camp in the country was filled to overflowing. If you were not called you could look upon it as a compliment. Surgeon General Gorgas thought you did not need as much training as your colleague who was called. As our army moves to France it takes medical men with it and we need men here to take their places. You should be at least six months ahead of the army in the training. Peace surgery is the surgery of clean wounds. War surgery today is the surgery of infected wounds, and do not let a doctor think for a moment that an antiseptic can compete with special skill and the after-care of the wounded.

Let every physician under the age of fifty-five, physically fit, who can be spared from teaching faculty, from public health duty and from rural districts volunteer his services, be enrolled in the Medical Officers' Reserve Corps subject to call, training and service overseas.

Physicians past the draft age cannot be called unless they volunteer and are commissioned. Many in the medical profession do not realize that before service overseas there must be intensive training in this country in the new problems of military medicine and surgery. In the so-called zone of advance the medical profession has many military duties, and even in the base hospitals we all need instruction in the special treatments of the diseases and wounds incident to this war.

The medical profession which must remain at home and perhaps perform what may be looked upon as the little things have much to do in coordinating their efforts and cooperating among themselves. I want to enforce that upon you, because those of you who are not commissioned and who are saying that you have so much to do in practice, need just as much training to meet the conditions you have at home as the man needs training who goes into the army. The real pinch of shorthandedness among doctors and nurses at home has by no means come. Now is the time to study the problem and care for this eventuality.

The state, city and county authorities must be educated to appreciate the greater importance of public health measures and protection in time of war. Increased efficiency of the

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public health departments will improve the health of the people, reduce the number of communicable diseases, and thus save valuable time of the medical profession.

The only way I can explain the attitude of the men whom we call our politicians, our representatives, about the public health condition, is that political life is good for men and they are in such good health that they cannot understand that anyone else is sick. Now, if these men who represent the people not only have the honor but this health-giving result, should they not be willing to help out the health of the people who remain at home? I feel so strongly about public health that I think it should be placed upon the same basis as our common school education, that a certain portion of taxes should be set aside for public health every year so that no state will have to go to the Legislature to get money except for special needs. (Applause.) I hope that when the Legislature of this great State of Alabama next meets it will give the Public Health Commission of Alabama $250,000—which is not half enough. There is no question but that the better the health of the individual community today, the less the medical profession will have to do at home. I am told on the best authority that when the Philippines cleaned up typhoid fever, and there was no war to send physicians to, ten per cent of the physicians went out of business.

Private practice in time of war has changed from the practice in time of peace. The well-to-do should not take up unnecessarily the time of their physicians and nurses by remaining at home when ill, but go to the hospital as those who cannot afford private service do. Such unselfishness will not only relieve the surgeon and physician but will help support the hospital, and their reward will undoubtedly be better treatment of their ills.

I will say to all the well-to-do, don't send for your doctor to visit you in your house, although you can afford to do so, but go to his office and pay him just the same as if he came to your house. (Applause.)

The hospitals of this country must develop ways and means for the care of more patients with a smaller personnel of staff, interns and nurses. The employment of trained women for anesthetists and technicians in the clinical and X-ray laboratories must be more largely resorted to, and from my experi-

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ence I am confident that the efficiency of our hospitals will be maintained.

Here is an opportunity where we are forced to place women in positions that men held before, and I tell you frankly that they will hold them after the war because they will be more efficient. That reminds me of a story that is distinctly true. A nurse in North Carolina was brought before a judge for practicing medicine without a license, and the judge said, "Why did you practice?" She replied, "I was in a district of North Carolina where the only two doctors were drunk." He asked, "What will you do if I put you in jail?" She answered, "Your Honor, I'll clean the jail?" (Applause.)

Teachers in medical schools will be required to give more time and efforts to teaching. Research in problems not essential to the war should be largely or completely discontinued. Long vacations, so common in peace times, must be curtailed. Rest periods should depend only upon the maintenance of mental and physical health, and upon no other consideration.

Physicians and surgeons in industries have perhaps larger and more difficult problems than any of the other members of the medical profession who must remain at home. The health of workers and the efficiency of their daily output has never been so essential to the life of the nation as in this war. There is no question about that; we want these men and these women to work, but if we do not watch them carefully the more efficient will overwork.

I was going to say something about remediable defects, but that is not so essential. I will simply say this, it will have to be developed later. There is a large group of men who have been turned down by the medical boards and advisory boards because they have remediable defects—must be operated upon and cured. At the present time the Government cannot undertake this operative care. If we could stimulate the patriotism of these men to submit to an operation which they ought to have anyway, it would make them fit for service. There are over 300,000 cases of hernia in the draft age. Men physically fit who have an operation in a month or six weeks could be ready for service. How much you could do! That is purely voluntary for the Government cannot take it up at the present time.

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Another point which I think every man and woman in every state should consider is this: Men as they reach twenty-one are to be drafted. If these men before they reach twenty-one went to their physicians in their state and found out how they were and had their remediable defects cured, when they were called before the local board they would be ready for service. They could have their tonsils taken out, their adenoids removed or their hernia repaired. If these men under twenty-one would volunteer to drill—I drilled as a boy regularly—to take a hike of ten miles every week, we would know exactly how many feet could stand marching. It is so simple that like all simple things it probably will not be done. (Applause.)

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THE MEDICAL PROFESSION AND THE WAR.

MAJOR J. N. BAKER, M. R. C., Montgomery.
Chief Surgical Staff, Base Hospital, Camp McClellan.

It would seem that your efficient President were attempting the impossible in endeavoring to develop into a bellicose orator one who is neither oratorically nor pugnaciously inclined. Of one fact, however, I think he feels quite sure, which is this: From the very beginning of this great crisis I have felt it not alone my patriotic duty but a privilege and pleasure as well to do everything possible to further every effort to stably mobilize the great resources of our profession in the defense of our fatherland. (Applause.) I have no prepared talk for you on this occasion. Major Simpson, representing the Council of National Defense, stated to you this morning most tersely and most beautifully where the medical profession stands today in this world conflict. He outlined very perfectly what is expected of us, the organized medical profession, and we, as true men, must measure up to the fullest expectations demanded of us.

When confronted by any proposition of unusual magnitude, whether it be an individual, a body of individuals, or as a nation, in an attempt to solve the problem presented, the first thing to do is to correctly size up and get the dimensions of the undertaking before you. In the solution of the problem immediately at hand and in which all nations are vitally concerned, it would seem that it does not require a profound thinker or one experienced in the broad affairs of life to grasp the simple fact which all must acknowledge, and that is that Germany, after four years of this frightful struggle, still has a firm grip on the whip handle and is far—very far—from being depleted or exhausted.

When war started the German Empire was but little larger than that of France; today it is many times larger. Vast Russia, torn asunder by dissension within and dissension without, has ingloriously stopped, and the German hordes may now go at will from Hamburg to Petrograd, from Berlin to Bagdad.

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Her immense forces, standing upon the threshold of the Alps are ready to pounce down—we know not when nor how successfully—upon the fertile fields of Tuscany. The little neutral countries surrounding her—Switzerland, Holland, Denmark, Sweden—lay supinely before her, cowered and trembling, so that they dare not give vent to their own feelings and convictions; well knowing that should they do so, the fate of Belgium and Roumania awaits them.

And what is now happening on the Western Front—the last line of defense standing between Prussianism, with all its atrocities and freedom? Nothing save the battle-worn forces of England and France, both blanched and weary, bending at points but not broken. Should this line snap 'ere the strong army of America can be stretched across the seas to strengthen it, the fate of our own country might be forever sealed.

These are simple, incontrovertible facts, and it behooves us to speed up all machinery as rapidly as possible. Every man, woman and child should find his or her part and quickly do it. Do not be content with simply doing your "bit;" for this is a most unfortunate expression, catchy but unfortunate at this time—do not your "bit;" rather do your "all."

Now, let me insist that in this great struggle the medical profession, standing as it does for the best and truest in life, has a supreme duty to perform. We, as a class and as a profession, represent the intellectual aristocracy of this great nation. Each one of you, because of your peculiar training and calling, wields some influence—some of you more than others—but an influence large as compared with that of most others in civil life. Consequently, not only must we give our services in this great crisis, but we must assume the role of educator and leader as well. The great masses are accustomed to lean upon and look up to us. In addition to this we are today in possession of a special talent, a something which our country needs, and sorely needs, and this is expert medical knowledge on a wholesale scale. This cannot be purchased at any price, nor in any market, nor made to order in any specified time. It abides solely within our profession and must be given willingly and gladly to our country in this hour of need. So great is the task before us today that we cannot measure our armies in terms of thousands—we have to speak of them not in terms of thousands but of millions. For every million men that the

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United States has put under arms it means practically 10,000 doctors, who must be trained to do special work. Already we have 1,500,000 men in training and in the field. The Medical Reserve Corps has today about 20,000 with some 16,000 wearing the uniform. Surgeon General Gorgas has just issued a plea asking for 5,000 more volunteers at once. So within the next thirty days we must rapidly swell our ranks so that those men may be immediately placed at the service of our Government.

Our duty is very simple. I feel that the profession of Alabama will meet this demand as it has always met previous grave problems which have confronted it. The work already done by the Council of National Defense and by the medical profession in Alabama has been very satisfactory, but it is not completed by any means, and I wish to make, on behalf of the Council of National Defense, the earnest plea that each individual member of the Association give this matter serious concern and if he can possibly see his way clear to volunteer his services, that he do so, and do it promptly. Do not hold back because you are not tendered a generalship; accept the commission sent you and go gladly and willingly to work for your country; promotion such as you are rightfully entitled to, will surely follow. The point is to make the start now. You must realize that it is both your duty and privilege to serve your country under these circumstances, and the sacrifice must be a willing one.

In conclusion, I should like to make a few remarks regarding the sacrifices which must be made. Donning the khaki means, of course, for most of us, the making of sacrifice. But, may I not ask, is not the temporary sacrifice to be preferred rather than Hun domination? I answer, a thousand times, Yes. And yet over against these sacrifices must be placed certain wholesome and beneficial compensations accruing to the civilian medical profession.

In the first place, at many of the large medical centers, the Government is operating excellent post-graduate schools for intensive training in special lines of medical and surgical work. Prior to this war, such a course could be had only at the expense of considerable outlay of money and time. For those entering the service and desirous of perfecting themselves in special lines, the Government not only provides the course, but

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pays the salary of the man while taking it. For the young man especially, and for the middle aged man who has not the chance to avail himself of these special advantages, it is the opportunity of a life time. It will be of inestimable help to many men. Secondly, the physical training will be of great value to many. While the doctor in army life has to work hard, he is relieved of many of the trivial worries and harassing cares that go with civil practice, and there is much compensation in this. Thirdly, the *esprit de corps* and spirit of good fellowship is beautiful and splendid. Far removed from the little petty jealousies and professional bickerings so rife in civil practice, in a base hospital it is stimulating to see how the men work, consult together and help each other. Each man is put on his individual metal, so to speak, and it tends to develop the best that is in them.

Still another advantage is the excellent training to be gotten in preventive medicine and sanitation. Doctors are being trained today in broad principles of public health work by the thousands, and this will be of inestimable value to the communities they are to serve in years to come. Mark the words, when this war is over there will be more trained sanitarians than have ever been known before, and they can demand handsome salaries.

Other advantages there are, but the mention of these must suffice—and yet, perhaps, the greatest of all is this: Once in the service, after each day's hard work is ended, you lie down to peaceful rest without any effort at camouflaging your conscience.

I thank you very much. (Applause.)

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WHAT ARE PERTINENT HEALTH TOPICS.

OSCAR DOWLING, M. D., New Orleans, La.
State Health Officer of Louisiana.

Before a body of medical men, topics pertinent for discussion are so numerous always it is difficult to select, but, when the hell-hounds of war are loose, elimination becomes an art. I have chosen a few to touch on briefly and two for somewhat more extended exposition.

In the South, at no medical meeting can we omit vital statistics. For eight years—nearly—in Louisiana, I have had the pleasure of trying to push this ball up hill. We have carpeted the state with personal letters, distributed a million leaflets, published hundreds of instructions, appeals and—I almost said—threats; we have made requests in every form ingenuity suggested to judges and other authorities for help; we have urged prosecutions—and as a result five cities (New Orleans was already in) were admitted in 1916 to the Registration Area. We shall ask for admission, for the state, for births and deaths, about June and hope our records will pass muster when examined by the Bureau of the Census. But—eight years! And even yet, to respectful inquiries we have replies like these:

"Kindly advise us the cause of death of..... Died September 1, 1916, your File No....."

"SUDDEN DEATH."

"T'wasn't nothing the matter with her. She went to meeting that night same as any of us—nex' mornin' she was dead. Waren't no 'cause.' Wan't nothin' the matter with her!"

"Dear Sir: Your letter of the 14th instant, relative to death reports to hand. I cannot lawfully report people dead if they will not die. I know of one woman who I thought would die of lumbago. She is 101 years old. I have not seen her in 8 years, but I heard the other day when she can get a dose of opium she is able to be up and about the house. I saw an-

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other woman 4 months ago. She is over 80 years old. I thought she might live 3 weeks. She is not dead yet. There has not been any of the diseases named on the other side here as reportable around the last 4 or 5 years, at least I never see them. I have written on this matter several times, and *now use this card, which can be filed.*"

You know as well as I who are the offenders, though not all the doctors are of the same mind as the one who wrote us after this fashion: "I call these records foolishness and have no time to answer."

Scarcely a day passes that we are not asked in good faith for information by some one in the states where for years statistics have been gathered, compiled and safeguarded; or by some resident of a new state which has from its beginning kept accurate records. The confidence with which they ask makes it doubly difficult to write lucidly of why we can not give the births and deaths of 1904, 1905, 1910 or 1912, not to speak of previous years, with causes of death between certain ages, etc.

While conditions in the Southern States are not all that we wish, those that are bad have a parallel in other places. If we had perfect reports with full data, even with our negro population we could boldly challenge the misapprehension that we are relatively less healthful than others. I think I need not add there should be uniformity in the gathering of these statistics, the model law—and that if the medical men would get into line in this service, the blot on the 'scutcheon would soon disappear.

Equally important—for some reasons more so—are morbidity reports. After nearly four years, by the hardest, we have on file 33,371 cards for 1916 and 1917. There are outside of New Orleans 1,360 doctors who should report to us directly. Of these only 670 think worth while to fill out and drop in the mail the card which is sent without cost to them and carried free through the courtesy of the U. S. Public Health Service. To my mind, it is not always carelessness, haste or indifference which deters the physician from sending the report. Other things have a bearing. One is the feeling that publicity in health affairs is not the best policy. The old-time notion inherited from yellow fever panics still obtains. It is deemed an injustice to the community to allow people—outside people—

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to know of a case of typhoid fever. Often the physician does not share this prejudice but he must conform in a measure at least to the will of those whom he serves. Happily, the public is beginning to understand that whether deaths and sickness are reported or not, it is clear that they occur and the city or state that knows just how many is in a better position to prove or disprove, than the unit with no records.

In the country where the will of one, or a few, is law, any rule or principle may be put into effect quickly. We have had some little experience recently. A few years ago, we would have scoffed at the idea of limiting our purchase of coal; we would have thought it preposterous that on a certain day we could not buy a loaf of bread or a box of crackers. The exigencies of the hour have forced our government to make these rules and because it is the government every one knows the law at once and it is obeyed without question. This is what happens in states governed by the old autocratic principle and so streets are clean, markets are flyless, there is no spitting on the streets, communicable diseases are quarantined, etc., if the government so rules. Here everything is personal; habits and practices and education alone bring action—public action. It is for this reason work has advanced so slowly and health organization is yet so far behind the systematized activity of other forms of business. Until health is recognized as a financial asset, until society realizes health is an essential to mental and moral as well as physical soundness, there will not be a properly articulated and coordinated system of local and state and national health activities. However, the tendency to coherence and singleness of aim is clear. It shows itself not only in the world of commerce but likewise in what may be termed social affairs. The city manager in place of a council is an illustration. In health, the reorganization of the state boards which has been put into effect in a number of states recently is a straw which shows the current of public thought. A single executive with definite responsibility and definite powers implies better service provided he is competent. It is this principle which local health units must make concrete in a local officer whose obligations are well defined and from whom intelligent direction is demanded.

Among things pertinent for our consideration, the problem presented by the prevalence of venereal diseases is first.

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For you statistics are wholly unnecessary. I do not need to give you the record of 111,000 cases of syphilis and 174,365 cases of gonorrhea in the marine hospitals for the past few years nor the figures based on the report of the Provost Marshal General (first draft, p. 75), syphilis, Alabama, 8,444, Louisiana, 7,294. Your knowledge and your experience make definite your impressions beyond those given by any figures no matter how explicit or extensive. We have known the problem existed. We have realized somewhat its dire consequences; we have sensed its baneful effect upon the health of the present; we have not been unaware of its results even unto the fourth generation; but the subject has been taboo. It was assumed that respectable people did not talk of a subject so depressing and one which implied the secret sins and the weaknesses of men and women. But the United States Government with its frank revelations has shocked the public into conviction and expression.

This hour, among all the hours of history, is the one acceptable for a forward step in control, prevention and a possible ultimate eradication of this curse. In this movement it is obligatory that the medical profession lead. I am aware that many think otherwise. In common with thousands of other intelligent citizens they know the history of the chief agency of the spread of this disease. Prostitution is older than civilized society. The annals of man show it has been condemned and defied. It has been condoned, tolerated, accepted. The notion of masculine necessity existing from time immemorial still obtains. The double standard has many followers, but the etiology of these diseases has shown the fallacy of these conclusions.

The venereal diseases are infectious, contagious, communicable, dangerous. No matter their origin, no matter their history, no matter what they reveal, they can be treated as such, and should be. This is the present attitude of social and medical leaders. Massachusetts, Michigan, Kansas, New York, Iowa, Utah, Illinois, Wisconsin, Oregon, are some of the states which have written into their statutes within a few years, some within a few months, laws on venereal diseases similar to those concerning leprosy, bubonic plague and the other disease foes of humanity. We cannot, if we would, ignore this demand. We must accept, we should know better than any other citi-

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zens how imperative the duty. Whether we believe prostitution an institution which will obtain until the world ends or not, we must believe that the public is due the protection we can give.

The bill approved by the President, May 18, 1917, was a response to the need for the removal of alcohol and prostitution from the American Army. Legally, alcohol and prostitution are no longer considered *military* necessities. This legislation marks a new point of view in the history of social progress.

When you look over the reports of the causes of death in any city or state or institution and see the number from locomotor ataxia, from paresis, from apoplexy, softening of the brain, paralysis, spinal cord disease, you know what it means. You know how large an etiological and casual factor syphilis is in many different cases. You know, particularly, if you are a specialist in this line, how the curve of syphilis ran up last summer and fall.

Some physicians will not treat these diseases, some will not report. The treatment is elective, but the reporting is mandatory already in some states; it will become so in all and if we do not make these reports the Federal Government ultimately will do it for us. I urge, if Alabama has no law that one be passed. I urge that its enforcement be upon the conscience of every man here. I urge this that the South may not be considered derelict, and that the medical profession may be true to its heritage.

The remaining topic of my list is patent medicines and their lurid and fraudulent advertisement.

Pursuing the crooked paths and devious ways of many of these companies, we have lighted upon facts which seem incredible. The colossal selfishness, the bare-faced unscrupulousness, the art and skill displayed in appeals to the weaknesses of the ignorant and the educated, have been a revelation in dishonest methods and commercial insight. We had demonstrated also the credulity and ignorance and blind faith of many persons who apparently should know better.

From one of your home papers, issue March 31, 1918, I clipped last Sunday 248 1-3 inches of advertising, some bad, all more or less questionable. Listen to some of the narra-

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tives, descriptions or expositions: "Now that my stomach trouble has all disappeared since taking a course of Mayr's Wonderful Remedy I would even consider getting married again. I cannot tell you how terribly I suffered before taking this great remdey." The remedy(?) is "simple, harmless," but it "allays the inflammation which causes practically all stomach, liver and intestinal ailments, including appendicitis." "Free to Sufferers" is the title of one of the philanthropic companies. "Don't be cut—until you try this new home cure that any one can use without discomfort or loss of time. Simply chew up a pleasant tasting tablet occasionally and rid yourself permanently of piles." Perhaps because some of us were raised to think sassafras tea and sarsaparilla in the spring saved our lives the "Herbal" is a tried and faithful friend. Listen, "The most satisfactory results have been obtained in combating diabetes by observing certain dietary rules and the judicious use of Warner's Safe Diabetes Remedy, an herbal preparation of 40 years successful sale." "MEN! Get Well! We successfully treat Dropsy, Liver Trouble, Drains, Losses, Kidney, Bladder and Prostate Trouble, Blood Troubles, Rheumatism, Paralysis, Gall Stones, Weakened Vitality. All Private and Chronic Diseases of Men and Women." With refreshing honesty we are told: "..... is not recommended for everything but if you suffer from annoying bladder troubles, frequently passing water night and day, smarting or irritation in passing * * * kidney trouble in its worst form may be stealing upon you." Another true and tried "friend" advises: "Stop! Women and consider these facts. Every statement made in our advertisements is true. Every testimonial we publish is genuine and honest, which proves that ..... is the greatest remedy for women's ills known."

Fancy a concoction (Kure-U) that will *cure* "stomach, bowel, kidney, blood, skin, or female trouble, cuts, burns and eczema, not to mention the et cetera, which means perhaps that an appendix will grow back even after removal. One of the oldest "fakes" in the family is "good for hogs, dogs, horses, chickens, mules and cattle and also for men and women." Ponce-de-Leon sought the Fountain of Youth and Dr. Sangrada the universal panacea for the ills of man, but in their fondest dreams *they never* conjectured a remedy which is good for cholera in hogs and for your best girl's complexion.

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The concealed, or partially concealed, yet none the less effective claims of some of these is that "if you feel bad ..... will cure you." There can be a thousand things wrong but this wonder will cure all—a cure-all indeed. And in good faith those who can least afford it, invest. Human credulity can go no further.

I had just the other day a very interesting and helpful letter on this subject. It was from a minister. He made only two points. They were the patent preparation fills a need—the need of the poor. He asked why there should be any mystery or secrecy about common ailments and added there were numerous bottles in his medicine chest, prescriptions which had been filled and none of these could ever be used a second time. He suggested a book of simple instructions be written for the laity. That there are many sufficiently intelligent to use with satisfactory results. While there are many objections to the book and many explanations could be given as to why the bottles are full but for the one or two doses, there is opened up the side of the laity and the arguments are worthy of our attention.

The style of advertising the patent remedies is in line with other commercial forms which have had their day. Reputable business corporations do not play the cut-throat game that was formerly in vogue. Manufacturers of medical (?) preparations should note the handwriting on the wall.

One of our chemists, an M. D., made a short time ago an exhaustive inquiry into the sale of patent and proprietary preparations. Among his conclusions are these: "23.3 per cent. of all prescriptions contain some proprietary remedy and physicians are responsible to a great extent for the demand by the public for certain remedies. Many pharmacists expressed the conviction that if the doctors would stick to the U. S. P. and N. F. there would be no need to carry proprietaries at all. They cannot grasp the object of establishing standard works, which in their opinion contain sufficient remedies for all the ills of mankind, when the physicians must or will persist in writing prescriptions for medicines whose composition is, to say the least, indefinite. The reason for this is ascribed by some druggists to lack of knowledge on the part of the physician or to laziness; to the indifference to welfare of the patients by others, and to the lack of confidence in the ability of the

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pharmacist to compound properly by still others. The cause is not entirely clear. But it may be assumed that all three of the reasons are valid.

I give this with no intention to criticise adversely but merely as the result of a summary of investigation of 208 drug stores and replies to questionnaires by the managers or proprietors.

The effects of the Food and Drug Act have wrought a change in the sale of patent medicines. This is apparent now only to those who know of the difference in formulæ but it is marked and means that ultimately every preparation will have formula printed on label or it will be passed upon by some competent authority.

The newspapers, likewise, are helping the evolution. A number throughout the United States censor their columns carefully, not only medical advertisements, but all. Two New Orleans dailies, The Item and The Times-Picayune, submit to the State Board of Health for censorship all medical advertisements, however The Item has had and carries purgatives and local application remedies not censored by us. The standards of the Associated Advertising Clubs of the world have been widely distributed and many papers have awakened to the value of honest advertising.

I realize that the physician who "speaks out in meeting" against patent remedies may be criticised; he may have to bear the age-long charge that he is afraid he will miss a call, but even if so, what of it? When we accept the difficult, we are following the path trod through the ages by many distinguished predecessors.

Before closing, I want to add a few words on the movement for uniform laws on subjects vital to health. Briefly, these are vital statistics, standardization of reportable diseases, standardization of medical practice and control of sale of medical preparations and prevention of fraudulent advertising of these so-called remedies. These are legitimate subjects for legislation. Agreement upon them as essentials and adoption of a uniform law would hasten the day of improved sanitation and conservation of public health.

It is a very great pleasure to meet with you today and to have the honor of speaking before you. I have lived for many years in Louisiana and have there many warm friends. The state has given me honor and appreciation beyond my deserts.

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But while my home and work and interests are there, I remember with the keenest pleasure the happy days of my youth spent amidst the red hills and sandy planes of this dear old State. It is twenty-two years since I was made a junior counsellor of your medical Aassociation. I have had many gratifying experiences since, but none more gratifying to my pride. I esteem and honor the Alabama Medical Association, I congratulate you upon its achievements and I again express my pleasure in your invitation.

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PUBLIC HEALTH ADMINISTRATION IN ALABAMA.

S. W. Welch, M. D., State Health Officer, Montgomery.

Since the last report of your Executive Officer history-making events have crowded so closely the one upon the other as to make them appear to those of us who have been whirled along by and with them to be one continuous drama of potential incidents rather than separate occurrences which go to make up the sum of a year's work.

Soon after the last meeting of the Association the United States entered the great war which democracy is waging for the freedom of the world.

Impelled by patriotism the younger employees of the Board all volunteered for service at the front, making a complete reorganization of some of the departments necessary. The laboratory changed its personnel three times from July 1st to October 1st, and is yet in danger from the selective draft. The Sanitary Engineering Department was also reorganized and is not yet upon a perfectly safe basis for like reasons.

The resources of the Board were placed at the disposal of the Government and have been freely used by Camp Sherdian and the United States Public Health Service. The Laboratory is now being used for the Venereal Disease Clinic, recently established in Montgomery, making free Wassermans for all who apply through the clinic.

The Board at its January meeting passed regulations governing the conduct of hotels, restaurants, dining-cars, lunch-counters, boarding-houses, etc., and hopes to establish a system of inspection which will enable it to enforce them. Regulations forbidding the pollution of streams in Alabama was also passed.

An arrangement was perfected with the Children's Bureau whereby twelve hundred franked envelopes are furnished the Board monthly with literature on Parental Care and the Care of the Baby. This literature is mailed the first of each month to the new mothers of the State reported during the previous month. This is an educational campaign which lays the

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foundation for more effective work in the future when we shall have a Child Welfare Bureau with a trained director at its head.

Plans have been perfected for stocking several logging ponds with top minnows for the control of mosquitoes. The Department of Fisheries has agreed to supply the Board with all the minnows needed for ponds at Vredenburg and Riderwood. We also hope to establish a hatchery near Montgomery from which to supply the State.

The slender resources of the Board were found to be entirely inadequate to meet the urgent demands which were coming to it from all quarters and which we felt could not be refused. The International Health Board was appealed to and an arrangement was perfected by which work in the smaller towns upon a cooperative basis could be done. The International Health Board finances two of these units and the State Board of Health one. We are now working in Florence, Andalusia and Ashland, and it is hoped that a number of the smaller towns of the State will allow us to make them sanitary during the year.

An agreement was reached with the Scottish Rite Masons of Mobile whereby the lodge pays the salary of a public health nurse and the Board her travelling expenses. She was placed in the field to do field demonstration work in public health nursing in the public schools. Her work in Talladega county, the first demonstration, resulted in a movement looking to the employment of an all-time public health nurse for the county. She is now working in Covington county. The Montgomery Lodge of Scottish Rite Masons is now financing her travelling expenses.

An effort was made early in the spring to interest the Federation of Women's Clubs in the work of the Board of Health. This organization is now considering a proposition to put a public health nurse in the field to do demonstration work under the direction of the Board. A travelling exhibit will be provided and this nurse will visit the travelling chautauquas and county fairs held over the State during the summer and fall, giving lectures and demonstrations on public health topics.

A large number of cotton mill corporations of the State and other employers of large bodies of labor have installed sanitary appointments in their villages. They have recognized

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the economic value of keeping their workmen in good health. This movement when properly correlated promises to be a great asset to the work of the Board.

The United States Public Health Service cooperating with local and State authorities, has done splendid work in Montgomery and Calhoun counties. The zone contiguous to Camp Sheridan, the Aviation Camp and Camp McClellan has been made thoroughly sanitary. The malarial control work in these places is excellent. Sanitary scavenger systems have been installed in those portions of the centers of population not connected with the sewers. The Board is now trying to arrange for the training of a man in each of these two centers of activity who will take over, as head of the unit, the great work when the representatives of the service shall be called away. The plan is to have the United States Public Health Service employ a man for each locality recommended by the Board and train him in sanitation to the point where he will be capable of administering the details of the work.

While inspecting the work of one of the field units in Florence the latter part of February the Executive Officer of the Board discovered an alarming situation in the section of the country contiguous to Muscle Shoals. The Westinghouse Company is building there a nitrate plant. Cities for the accommodation of twenty thousand workmen had sprung up within sixty days. The possibilities for outbreaks of contagious diseases were great.

On February 28th the State Health Officer wired the Surgeon General of the United States Public Health Service as follows:

"Blue, Surgeon General,
Washington.

Government work Muscle Shoals creates situation more menacing civilian population and camp than cantonments. Temporary quarters twenty thousand workmen under construction. Population community quadrupled within sixty days. Cannot handle situation, order Lumsden inspect at once. Will meet him. Situation demands prompt attention to prevent catastrophe. (Signed) Welch."

The following reply was received the next day:

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"Welch, State Health Officer,
Montgomery, Alabama.

LePrince already ordered to visit Muscle Shoals plant within next few days. Will make effort to have Lumsden go also.

Perry, acting."

Drs. Lumsden and LePrince were detailed to investigate the situation. They wired the Bureau confirming the report of the State Health Officer and recommended that the request for cooperation on the part of the State Board of Health be granted.

The State Health Officer then wired Senators Bankhead and Underwood as follows:

"March 12th, 1918, 11 A. M.

"Sanitary condition Muscle Shoals so bad Government project there will fail unless remedied at once. Urge Blue to render prompt necessary aid to the State Board of Health. Please do all possible to arrange allotment adequate Public Health Service funds for this work.

Welch, State Health Officer."

The following reply was received at 4:30 P. M.:

"Dr. S. W. Welch, State Health Officer,
Sheffield, Alabama.

Telegram received. Have matter up with Health Bureau and will advise J. H. Bankhead."

"Washington, D. C., March 12th, 1918, 4:30 P. M.

"Dr. S. W. Welch, State Health Officer,
Sheffield, Alabama.

Surgeon General Blue assures me that he will do everything he can to take care of situation. Expert will be sent to Sheffield and I will endeavor to see that adequate appropriations are made. O. W. Underwood."

"Washington, D. C., March 12th, 1918, 5 P. M.

"Welch, State Health Officer,
Sheffield, Ala.

Public Health Service will detail at once competent officer take charge of situation Sheffield and vicinity. Blue."

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"Washington, D. C., March 12th, 1918, 6:45 P. M.
"Dr. S. W. Welch, State Health Officer,
Sheffield, Alabama.

Today I secured amendments to urgency deficiency bill appropriating $25,000 to take care of Muscle Shoals situation. It must go to the House but I feel sure it will be agreed to.

O. W. Underwood."

The United States Public Health Service detailed Dr. H. S. Mustard to take charge of the unit and the following agreement on organization was reached between the Service, and the State Board of Health: Lauderdale county and Colbert county to compose one unit under the direction of Dr. Mustard. He was to have entire control of the sanitation of the two counties, especially applying himself to the sanitation of the ninety square miles contiguous to Muscle Shoals. The two counties of Colbert and Lauderdale were to appropriate $7,500.00 each and the United States Public Health Service was to supply the necessary additional funds to complete the job estimated to cost $65,000.00.

The United States Public Health Service was to employ two men named by the Board of Health, who should be trained for all-time health officers for the counties of Colbert and Lauderdale. Arrangements were also made for the all-time health officers of Talladega, Pickens and Choctaw counties to have special training in public health work as inspectors, drawing a salary of $75.00 per month while doing so. These gentlemen have all made arrangements to take this training.

This work is progressing nicely. Dr. Lumsden is still on the ground aiding Dr. Mustard in completing his organization. The work of mosquito control is already well under way and a situation that was full of alarming potentialities a few weeks ago is now a pleasing exhibition of successful sanitation.

I do not think the danger from the to and fro movement of labor and investors to these places of development has yet dawned upon the people. There is probably not a place in the United States where these cantonments and Government development plants have been located, which have not the potentials for an epidemic of some kind of communicable disease. The localities are practically all insanitary and do not know it. When the crowds of new people arrive, double the population

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must be housed with the same facilities which accommodated the original population. With this crowding together of people from every quarter of the United States the stage is immediately set for plagues and epidemics of every description.

DISEASES DANGEROUS TO PUBLIC HEALTH.

We have had no serious outbreaks such as have visited other states, although communicable diseases have been well scattered over the State.

SMALL-POX.

Small-pox has been prevalent everywhere, but it has not been hard to control. Notwithstanding much prejudice still exists against vaccination more than one hundred and fifty thousand people have been rendered immune by this means in Alabama in recent months.

EPIDEMIC CEREBRO-SPINAL MENINGITIS.

There have been a score or more cases of cerebro-spinal meningitis, but nothing approaching an epidemic. The field man of the department has responded promptly to all calls and has been able to confine the outbreaks to single cases. It is interesting to note that only two carriers were located among the civilian population coming in contact with these cases.

DIPHTHERIA.

There was a small outbreak of diphtheria in Elmore county, which was controlled promptly by the county health officer, aided by the field man of the State Board of Health and Public Health Service. It is interesting to note that routine examination of the public school children of this county located ninety-eight carriers. In one school there were thirty-four carriers out of forty-one children present. Dr. Justice, all-time county health officer of Elmore county, cannot be too highly commended for the efficient manner in which he handled this threatening situation.

PNEUMONIA.

Pneumonia has been fairly well distributed over the State but nothing approaching an epidemic has occurred. The num-

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ber of cases has been more numerous than in some other years, and the percentage of deaths has been larger. The type has been more fatal than in other years.

TYPHOID FEVER.

There has been no epidemic of typhoid fever anywhere. There was a continuance of an outbreak up into the first part of the year in the city of Talladega. This outbreak was traced to neglect on the part of the superintendent of the water works to dose with liquid chlorine the water supply of the city. Charts, in the office of the State Board of Health running for several years showing a diminished incidence of typhoid fever and the sudden rise of incidence following this failure to dose the water, are extremely interesting and demonstrates the value of water control.

There was an outbreak in March, 1917, in the city of Fort Payne following the overflow of the water supply by flood water which drained a large part of the city, in which were located a number of open back privies. A chlorine dosing plant, a sewage disposal plant with a system of sanitary privies and scavenger service was installed as quickly as possible and these measures resulted in the stamping out of this outbreak in a few weeks.

There was a slight recurrence of trouble in Birmingham, which was traced to the ice cream supply. The necessity for constant vigilance on the part of the health authorities, and the important duty on the part of the public to sustain them, was strikingly illustrated in this city. The inspector discovered a negro helper handling ice cream with his bare hands in one of the ice cream manufactories to which suspicion had been directed in the epidemic of 1916.

There was another outbreak in Huntsville in the late fall, which resulted in the establishment of a unified health system with an appropriation of $7,500.00 to maintain it. Dr. Grote, of Walker, was put in charge of the unit, and is rapidly coordinating all of the health activities of the county under one efficient management. This outbreak was a blessing to this community, resulting as it did in awakening the sanitary conscience to the point of concrete activity.

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VENEREAL DISEASE.

The Board has been bombarded with appeals from the War Department, the Council on National Defense and the United States Public Health Service to do something for the control of venereal diseases. The Governor called a conference of several of the leading ministers of the State to meet in Birmingham the 18th of March. They were addressed by the State Health Officer. At the close of this meeting the State Health Officer was invited to address the Ministers Conference of the Birmingham District on April 1st, which he did. An effort to arouse the ministers of the State has been made and another meeting has been called for the first Monday in May in Birmingham. In the meantime a clinic has been established in Montgomery and efforts are on foot to establish others in Birmingham and Anniston.

TUBERCULOSIS.

The examination of recruits for military service had caused many cases of incipient tuberculosis to be located. There is no place in the State to care for these young men. If we had a tuberculosis sanatorium a majority of these young men could be returned to the State productive citizens. As it now stands they are doomed to slow decay and we are faced not only with the economic loss of the productive capacity of these citizens, but also the added charge of maintenance and nursing. The State has an attractive site in Cullman county for the erection of a sanatorium, but there are no funds obtainable with which to proceed with this very necessary work.

ASSOCIATION OF COUNTY HEALTH OFFICERS.

At our last annual meeting an Association of County and Municipal Health Officers was formed. Two meetings of this organization have been held, one in July and one in November. Both were well attended.

REORGANIZATION OF HEALTH WORK IN COUNTIES.

Reorganization of the Department of Jefferson County Board of Health was the most notable event in the local organization of the year. Dr. F. E. Harrington was detailed by the

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United States Public Health Service to organize this work. He remained Health Officer until the opening of the war, laying the foundation for the building of a comprehensive and effective health system. He was called back into the service in the summer and Dr. J. D. Dowling, of Birmingham, was placed in charge. He has gone about his task with a degree of enthusiasm which presages success and the Board believes that only a short time will elapse before Alabama's metropolis will have as fine a public health organization as any city in the union.

Pickens, Choctaw and Madison counties made appropriations for the establishment of unified health systems, beginning operation January 1st, 1918. Allusion has already been made to Madison county. The Health Officer has not had time to inspect the work done in the other two counties.

WARNING.

If Alabama does her part toward winning the world war she must keep her people well. In this country there is no clear line of cleavage between the military and civilian population. The army is made up of boys from civil life and they return to civil pursuits when the term of enlistment ends. If the civil population is not up to the standard then the army will be inefficient. Again, if the producers are not safeguarded there will be no productiveness and the means with which to conduct the war will not be forthcoming.

There is no surer way of spreading disease than to have men go to these congested centers of population which have doubled and quadrupled their population within the past year and return again to their old haunts or move to other congested centers.

The Board has been without adequate funds to meet this serious situation and had not the Public Health Service come to the rescue Alabama would have been decimated by epidemics of every kind.

The Board contemplates a complete reorganization of its forces and activities. If we meet the needs of the hour we must have our general administration force increased to an Assistant Health Officer and six field assistants, whose duties will be to superintendent the county health officers in as many

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districts. The force of the Bureau of Vital Statistics must be more than doubled. We need three more laboratories for as many sections of the State. We need two sanitary engineers and several inspectors. We need a Bureau of Rural Sanitation, a Bureau of Public Health Nursing, a Bureau of Epidemiology, a Bureau of Venereal Diseases, a Bureau of Child Welfare, a Bureau of Malarial and Hookworm Control, a Bureau of Mental Hygiene, and a Tuberculosis Sanatorium. With an organization such as this we could make Alabama the most desirable State in the Union to live in. Without something like this it is a very promising graveyard.

To compass this work it will require many times more money than is now doled out to us. I have approached all of the candidates for Governor and each one tells me the State is in debt. I have heard this wail of poverty and cry of no money from the great State of Alabama until it gives me a pain. There is no trouble to get money to educate children who are at home too sick to attend school because of diseases and defects easily preventable. There is no trouble to get money to kill ticks on blaze-faced steers. I imagine it would be easy, in view of the high price of eggs, to get money to kill the mites on the farmers' hens. These people get it because they ask for it as the right of a tax-payer and a good citizen of Alabama and offer no apologies for it. He convinces the other fellow that he needs it and that his cause is just.

I demand of you doctors out there to go home and tell your legislators and senators and the man you expect to vote for for Governor that the State Board of Health must be provided with the means to do the great work it is honestly trying to do and if he does not agree to do it do not vote for him.

We are not begging for favors. We are demanding in the name of the people the means with which to enable us to live up to the opportunity to do our part in the great service of the hour and you doctors must see that we get it. The Board cannot measure up to the needs of the hour and get in the class of her sister states of the South with less than $150,000.00, and we could pay the State a rich dividend on $250,000.00.

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PUBLIC HEALTH ADMINISTRATION IN A COUNTY UNIT.

CARL A. GROTE, M. D., Full-Time Health Officer, Huntsville.

When I sat down at my desk to complete this paper I had this morning's program before me. It hardly seemed possible that I could mention any phase of public health work which would not have been exhaustively handled by those preceding me. My only desire, therefore, is to provoke a free discussion of a definite, feasible plan of health work for a given unit, such as a Southern county might represent. It is estimated that 52 per cent of the people of the United States live in the rural districts—that is, including villages of less than 2,500 inhabitants. In our Southern States this percentage is much larger. We are all aware, too, that the neglect of our public health in the United States as a whole has been greatest in our rural districts, and one of the most unanswerable arguments for public health work is that the crude death rates in our large cities, where many thousands of dollars are spent for preventive medicine, are less than in our rural districts and small villages. This was most beautifully shown in a pamphlet recently published by the United States Public Health Service. In making a complete survey of the Ohio River shed, as it wound its way through the Northern States, every village and city was inspected and certain data secured, and then arranged in tables by groups, most of the small towns and villages were not spending anything for the protection of health, and the average amount per capita in all of the cities of less than 5,000 population was 12 cents. Of those having a population of from five to ten thousand the average amount increased to 15 cents per capita and as the population of each group of towns increased, the average per capita expenditure was greater. For the group showing 100,000 and more the per capita expenditure was 31 cents. These tables also showed that as the population increased and the per capita cost for health protection increased, the typhoid fever rate, the most sensitive index to sanitation, decreased. For example, in the groups of cities of

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less than 5,000 population, spending 12 cents per capita, the typhoid fever death rate average 37, while in the group of cities from 100,000 to 300,000 the average per capita expenditure being 31 cents, the typhoid rate was only 12. These tables tell two wonderful stories, to wit: that health can be bought and that our large cities are buying it, while our small towns and rural districts are not. It is just the same reason that Chicago, with her population of more than two million, had a typhoid death rate in 1917 of only 2 per 100,000, while the rate in all Alabama was unknown, but probably more than 39.

The first thought that occurs to all of us is that the money is the one essential factor. And yet, there is another big factor which must not be overlooked, that of having a definite feasible plan of activity which will reach all of Alabama's two millions of people and give them adequate health protection.

No small town or rural community independently affords adequate health protection, nor is so limited a field of activity inviting to trained workers. It would seem, therefore, that the average Southern county, including all of its municipalities, should form a desirable health unit. In Alabama the average population of a county is about 30,000, including small cities and villages. Each has its county seat of government, its own board of health, and its own local conditions, and each would, if its people thoroughly realized its importance and had showed them a definite plan of health work, provide the funds. And so it has been in an effort to work out this problem that I have spent the past several years. Some four years ago Walker county became the first county in Alabama to employ a full-time health officer, appropriating annually $3,000, or 9 cents per capita. Before beginning our work we went into our states searching for concrete ideas as to what a county health department could and should do, and yet nowhere could anyone be found with a clear conception of the work in hand. At that time we wondered if the above appropriation was not too large, and if there was work enough to be done to keep an active individual busy. But backed by an enthusiastic medical profession we began blazing the path and soon three essential fundamental elements of success appeared:

1st. The work should be carried to every class of people and thus popularize, in order to be supported by the masses, and appropriations made certain.

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2nd. We had to do good scientific work in order to get results.

3rd. The county health officer should be the health officer of each of the incorporated towns and the head of all public health activity in the unit.

Keeping these principles ever in mind, and not waiting for the work to come to us, but rather going out to create a demand for the service, we became very busy collecting vital, mortuary, and morbidity statistics, visiting and isolating infectious diseases, examining the thousands of children in the 125 county schools, establishing a one-man emergency laboratory, causing ordinances for better sanitation to be passed in the cities and towns, and, as best we could, supervising their enforcement, fostering better sanitation in the mining camps and other industrial villages, lecturing many times in every school district in the county, writing newspaper articles and pamphlets, and finally, trying to keep in touch with each and every doctor in the county and the health conditions in his locality.

The results of this four years' efforts were not ideal. In fact there were many discouraging features. I know of nothing that is more discouraging than the work of sanitation, unless it is the building of good roads which may be ever so beautiful in the autumn, freeze and wash during winter, and must be repaired with the coming of each spring, and yet good roads are worth all they cost. The sanitation of a city or county is like the cleanliness of a home, the work never ends, it must be started over again. As to the results attained in Walker county the death rate for the year 1916 was down to 9, while in 1917, it jumped up to 12, both rates being much less than the average in the United States. The birth rate averaged above 30 per thousand, which showed that we were getting fairly accurate statistics. There was a reduction in all infectious diseases except measles and pneumonia. The greatest achievement, however, was not in reducing the death rate nor in getting built throughout the county more than 4,000 closets which were at one time sanitary, but rather in finding at the end of the four years that there was a general and increasing sentiment for public health work, and an apparent feeling that it was worth all it cost and more.

Still hoping to develop an adequate county health department we began work this year in Madison county, Alabama. Here

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we have an annual appropriation of $7,500, or 15 cents per capita. Our force consists of a health officer, a sanitary inspector, a laboratory assistant, and a visiting nurse, all full time employees and unhampered by politics. We have a fairly well equipped laboratory and are doing all kinds of work, including milk and water analyses, but not including Wassermans. In Huntsville, the county seat, the population is about 8,000, but in the police jurisdiction of the city there are at least 20,000 people, and our city ordinances are being made to include all this territory. We now have in harmonious operation a burial permit ordinance, an infectious disease ordinance and our law making it a misdemeanor to operate a surface closet anywhere in the police jurisdiction of Huntsville, after June 1st, 1918, is already being rapidly put into effect. At the same time we are trying not to neglect the remote districts of the county. How well we shall succeed with this work we do not know, but we do believe that we are on the right trail. If we can secure just a little increase in our force in order to provide free clinics for the poor then we believe we shall be ready to wage an effective fight against venereal diseases as well as all other preventable diseases, and thus add health to Madison county, which is otherwise the garden spot of Alabama.

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THE IMPORTANCE OF SANITATION IN THE ZONE IMMEDIATELY SURROUNDING THE CITY.

D. C. STEELSMITH, M. D., Tuscaloosa.
All-Time Health Officer Tuscaloosa County.

This is the real key to the sanitation problem of any city, since in reality the zone contingent to the city is a very important part of the city from a viewpoint of sanitation.

The extra-cantonment zones established by the Government about the various training camps and the results obtained therefrom is indicative of the need of such zones being established about all urban places.

Under our Alabama law (Sec. 1230—Police Jurisdiction, Territorial) cities of six thousand or more inhabitants have police jurisdiction covering all adjoining territory within 3 miles of the incorporate limits; and cities with less than 6,000 inhabitants have such jurisdiction covering all territory adjoining the incorporate limits to a distance of 1½ miles.

This gives us all the lawful power we need, as it gives the local city officials the right to enforce any law of sanitation or ordinance they may deem wise and proper to adopt.

In the establishment of such zone about a city, since "Charity begins at home," the first procedure is to properly work up the popular support of your own people to such an extent that you may have their cooperation in the adoption of the proper laws or ordinances regarding or bearing upon sanitation.

These regulations should stipulate very plainly the control of three principal subjects, viz: Garbage disposal, refuse disposal and excreta disposal. The latter must prohibit the use of any other than a well defined and well described sanitary closet or privy, excepting all residences that are located within a certain distance from sewers, and cause these that are not connected, and within a certain limit, to be connected with said sewers.

The next phase of the question presenting itself is, by whom shall the ordinances regarding sanitation be enforced?

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All city ordinances are enforced by the executive department, and this should most certainly fall to the ordinary executive department.

The public health official should by all means remain on the job and act as advisor, but the inspector should be a uniformed policeman, and if the person or persons violating the ordinance on sanitation be hailed into the police court, the amount of fine need not be taken into account.

Right here allow me to emphasize the importance of a real, live, up-to-the-minute chief of police. If necessary, assign yourself the task of educating this man in a sanitary way. Make him see the benefits to be derived from sanitation, and he will see to it that the ordinances will be enforced.

I will not take up the questions of garbage and refuse disposal, as they may be handled by any well ordinated system, the cost of which is not prohibitive in the ordinary city.

As to the sanitary privy, with the pail or can system, we may have more to say.

The benefits we may expect to derive from the proper sanitation of the zone immediately surrounding a city may be classified into five groups:

1st. Better control of communicable diseases.

2nd. More hygienic living.

3rd. The fly almost annihilated.

4th. The production of anopheles lessened, therefore less malaria.

5th. The city a much better place to live.

1st. *Control of Communicable Diseases.*—The United States Public Health Service adopted the following monogram, which is the corner-stone of the foundation of the building called preventive medicine. This is the monogram: "No health department, State or local, can effectively prevent or control disease without knowledge of when, where and under what conditions the cases are occurring."

If the physicians are prompt in their reporting of the occurrence of the infectious diseases, there is no reason an epidemic of damaging propensities should make itself felt in any city.

We all know that the poorer unhygienic people are prone to live in the poorer, unventilated houses, and they are located near, or occasionally within the zone just outside the incorporate limits.

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Here then we have the more frequent nuclei that spread the contagion to other parts, and because of their location the disease may gain such proportions that the health department of the city cannot cope with the epidemic until much damage has been done.

You that have had experience in isolation and quarantine know these people just mentioned are the hardest to control, but with the proper assistance of the police department, great benefits are possible in the control of the communicable diseases that very frequently appear first in the extra-city zone.

2nd. *More Hygienic Living.*—Even many of the poorer classes are glad to assist the city in clearing away all rubbish when, if left to their own initiative, it will never be cleared away.

In clearing away the rubbish and refuse you at once do a great deal toward making things unpleasant for the fly and his propagation, and we also create quite a stimulus to many housewives in helping them to keep their homes more cleanly and hygienic.

3rd. *The Fly Almost Annihilated.*—In the fly-tight sanitary closet we not only dispose of the human excreta, but we prohibit the breeding of flies and the only way to prevent the spread of disease by the fly is to "prevent the fly."

We have evidence that goes to show the fly plays a very important part in the spread of disease. Among the list of diseases of which there is more or less evidence that the infection may be conveyed by the fly, are: Typhoid fever, cholera, dysentery (A and B), diarrhœa of infants, anthrax, erysipelas, ophthalmia, diphtheria, small-pox, plague, poliomyelitis, sleeping sickness, relapsing fever.

The fly has been known to travel a distance of one and two miles at a flight, and they have been observed on cribs as far as six or seven miles out on Lake Erie, supposed to be carried there by winds.

The proper collection of the garbage and refuse and the installation of sanitary privies in the zone immediately surrounding the city almost, if not entirely, obliterates the breeding places of the fly, and does much to promote health in the entire city. I would recommend the sanitary privy, built fly-tight, using pail or can for the reception of excreta.

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One man, equipped with the proper wagon, can well care for 400 of this type of privy, provided the maximum haul is not more than four miles from the dumping station. These cans are emptied at least once each week during the winter months, and oftener during the summer months.

At Tuscaloosa, within the city limits and in the extra-sanitary zone, we have approximately 1,400 sanitary closets, and three men with specially constructed wagons attend to the removing and the return of the cans. These pails or cans are owned by the city.

The cost of this service can be maintained at the present time for about 25 cents to 35 cents per month per family.

Something should be said regarding the dumping station: This or these should be located upon one or more of the main sewers, and should be as well isolated as possible, being located as near the outlet of the sewer as possible to be convenient. This location is generally less inhabited than others, and it gives the sewer a better chance to handle the amount fed it.

A bountiful water supply is necessary at this disposal plant, in order to properly wash and flush the cans after being emptied, and before the return of same to the respective closets.

Some diluted deorderant may be placed in each can after the cleansing process, as it lends some aid to the populace for æsthetic purposes. It might be well to state that it will take one man at the dumping station to empty and thoroughly flush and clean the cans.

4th. *The Production of Anopholes Lessened, and the Accompanying Reduction in the Malarial Index.*—Much could be said regarding the malarial situation in Alabama and the methods of drainage that might be applied that would give us a twofold benefit; first, more production of foodstuffs; second, at the same time do away with the haunts of the mosquito.

I am a firm believer in underground or closed drainage.

Given a small swamp, or marsh or pond near the city, by draining same by open ditches we find these ditches must be continually looked after to remove all obstacles that may retard the free flow of water.

Some may say that the example set by the Government in "open ditching" their camps, signifies that to be the best procedure; for temporary drainage, yes; for permanent drainage, no.

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In the extra-city zone we should establish permanent drainage. Open drainage, to be effective, should be oiled frequently or incessantly through the mosquito season.

In the open drainage system we have small puddles of water standing near the ditch that are wonderfully productive of mosquitoes, while in the closed tile drainage these puddles very rapidly disappear.

The closed clay tile drainage obviates all these difficulties. After completion they need no further attention.

Since the cost of the closed drain is about double the cost of the open drain, we may figure in the deal the reclaimed ground (which will be the most productive in the neighborhood) at a nominal price, and we find that the covered drain is as cheap, if not cheaper, for a term of years, than the open system.

In my native state, Iowa, we have had considerable malaria, but after the land reclamation projects started and our swamps and marshes were drained, our malaria at once disappeared.

5th. *Make the City and Surroundings a Better Place to Live.*—One of the best advertisements a city may have is to point with pride to their health statistics. One of the first things of which a city is questioned by men about to locate any manufacturing plant is in regard to health conditions. When a man wants to put in some line of mercantile products, and wishes to live within the city, he investigates the health conditions.

Taken all in all, the greatest asset a city has to offer, and the greatest asset the private citizen may have, is health.

A well sanitated city, with the zone immediately surrounding the city well sanitated, makes the city a better place to live in.

The following will give some idea of the benefits derived by the sanitation of the extra-zone surrounding Tuscaloosa.

The sanitary ordinances were adopted in August, 1916, to apply to the extra-zone of three miles from the incorporate limits.

Our records show that we had 96 cases of typhoid fever in the city of Tuscaloosa during the year of 1915—a morbidity rate of 9 per thousand. The number of cases in Tuscaloosa, including the extra-zone, during the year 1917, one year after the completion of the installation of the sanitary closets, was 20.

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This gives us the morbidity rate of 1.3 per thousand, including extra-zone.

Upon finer analysis we found that within the city of Tuscaloosa we had 9 cases in the year 1917, as compared with 96 cases in the year 1915. Of these 9 cases we had but three that were not traceable to some infection outside the city. Therefore by strict comparison we may be able to deduce the following:

The morbidity rate for Tuscaloosa for typhoid during the year of 1915 was 9.1 per thousand, or 91 per ten thousand, while during the year of 1917 it was .3 per thousand, or three per ten thousand.

The United States general death rate as compared with the morbidity rate in typhoid fever is about 1 to 8 or 10. The comparable statistics of the years 1915 and 1917 quite closely conform to this proportion.

In 1915 Tuscaloosa had 14 deaths from typhoid. This number multiplied by 8 gives us the total of 112 cases. We find upon the records that 96 cases were recorded for that year.

In 1917 Tuscaloosa had no deaths from typhoid fever. We find but three cases originating within the city and but nine cases reported in the city. These figures are given to show the absence of fallacy in the compiling of the statistics.

According to the Mills-Reinke phenomena, the accompanying reduction of all other diseases, other than typhoid, should not be lost sight of, in considering the end results in extra-city zone sanitation.

Of course, in reducing the typhoid morbidity we must include the water purification, as well as the proper disposal of excreta. Allen Hazen, of New York, even specifies that when we reduce the specific death rate from typhoid in the community 1 point, the total death rate of the community is reduced probably 2 or 3 points.

This may be due to the increased vital resistance resulting from the use of purer water, or to an exclusion of the disease germs, or perhaps the Mills-Reinke phenomena might be due to a combination of these two factors.

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TUMORS OF THE VULVA.

M. Y. Dabney, M. D., Birmingham.

In the following paper the term "tumor" is used in its literal sense, meaning a "swelling," as this interpretation permits of the inclusion of another case of rare character, but which is not a neoplasm.

The most common enlargement of the vulva is unquestionably that which accompanies acute Neisserian infection, beginning with a Bartholinitis, and by direct extension soon involving the vulva on one or both sides. Next in frequency is the cellulitis associated with chancroidal infection. Thirdly, the cystic vulvo-vaginal gland is a not uncommon lesion. Likewise, one should not fail to mention venereal warts, condylomata, hematomata, varicose veins, pudendal hernia, pudendal hydrocele, and the several types of benign and malignant neoplasms.

Except for the inflammatory enlargements of the vulva, tumors of that region are of rather rare occurrence.

The object of this paper is to report and briefly discuss three cases coming under this classification.

Case 1. Pudendal Hydrocele, or Hydrocele of the Canal of Nuck.—Mrs. L. C. M., a white woman of 62, on November 29, 1916, came complaining of pain in the small of the back and the lower left quadrant of the abdomen. Her family history was unimportant. She was troubled with poor appetite, poor digestion and chronic constipation. A perfectly normal menstrual life had ended uneventfully nineteen years previously. She was the mother of eight children whose ages ranged from 29 to 40. No miscarriages.

For many years, certainly over 30, she had had a soft bag-like mass on the right side of the vulva which had never caused any discomfort. Various obstetricians in noticing it had suggested that it be removed, but she had refused to part with it.

At times for two or three years she had noticed pain in the lower back. For three weeks there has been pain in the lower

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left quadrant of the abdomen and also what seemed to be a lump in that region.

Examination showed an elderly white woman of rather fleshy build and of fairly healthy appearance.

Just to the left of, and below, the umbilicus, she was quite sensitive to palpation, and there was an indistinct sense of a mass felt in that locality.

The vaginal outlet was marital, the perineum quite relaxed, and no discharge was noted.

In the upper part of the right labium majus, a very unusual picture presented itself. There was a somewhat wrinkled, thin-walled bag of translucent fluid, in bulk about one-half the size of a hen's egg. It was irreducible and gave no impulse on coughing and straining. It was not at all sensitive to touch and manipulation.

A tiny senile cervix and fundus and moderate sized external hemorrhoids were other findings which have no bearing upon the subject under consideration.

Impressions of the Case.—(1) Hydrocele of the Canal of Nuck (symptomless).

(2) Relaxed Vaginal Outlet.

(3) External Hemorroids.

(4) Chronic Constipation.

In fetal life the peritoneal covering of the round ligament extends below the internal abdominal ring and forms a pouch known as the canal of Nuck. Normally this is obliterated after birth, but when it persists, it becomes filled with a thin straw-colored fluid which may push its way downward into the labium majus. It is analogous to hydrocele in the male. In the female it is an extremely rare condition.

Unless the fluid becomes quite large in amount or infected, it is not apt to cause discomfort either in coition or child-birth and hence need not be removed. Otherwise the treatment is surgical and is the same as for the condition in the male.

Case 2. Fibroid of the Vulva.—L. C., a colored girl of 21, was first seen on February 14, 1917, complaining of leucorrhea and a swollen vulva. Her general history was negative. Menstrual history showed a twenty-eight day type in every respect normal. She had been married at 17, had a child living and

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well, two years of age, and had had an accidental miscarriage at six months, four years previously.

The present trouble dated back two years before, when she contracted "blue balls" (as she called it) from her husband. Two small "kernels" appeared in the groins for four months and then disappeared. One year ago the "kernel" reappeared in the right groin and had been discharging for some time. For six months the vulva had been swollen and in places was ulcerated. It was quite painful and prevented the sexual act.

Examination showed a well-developed and well-nourished young negro woman of twenty-one, quite black in color. The right inguinal region had a suppurating adenitis. Internal bimanual examination was negative, the whole interest centering upon the external genitalia, which showed the following unusual condition:

Suspended from the clitoris and nymphæ, and part and parcel of them, was a globular, lobulated mass the size of a large orange, overhanging the urethra and lower vulva. Both sides and posteriorly were excoriated and showed ulceration. Elsewhere it was covered with black skin as was the case over the rest of the patient's body. The tumor was firm and rubbery in consistency and was not sensitive to squeezing unless there were irritation of the raw surfaces.

A Wassermann was made and proved to be four-plus. Mixed treatment was begun and continued for one month without the slightest reduction in the size of the growth.

On March 3, 1917, the entire mass, including the lower half of the cliotoris, both labia minora and the lower halves of the labia majora, were excised and the wound edges approximated with the vagina by means of skin-sliding and several incisions in the groins to relieve the tension on the sutures.

Being infected, even before operation, the wound was treated with wet dressings of Dakin's solution from the start, with the result that in about two weeks' time, when the patient left the hospital, the incision was practically healed.

It was thought that from the four-plus Wassermann the growth would certainly prove to be a hypertrophic syphiloma. But frozen sections showed it to be a fibroma.

Luetic infection is so popular a complaint among the negro race that its discovery in a patient often leads us to attribute

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many lesions to it which arise from entirely different causes, as the above case very well illustrates.

Case 3. Fibroid of the Vulva.—This was probably another case of fibroid of the vulva, though operation was not performed, and consequently no microscopic examination was done.

E. O., was a mulatto, 24 years of age, who came for treatment on September 21, 1917, stating that she had a tumor of the "privates" for eight years. Menstruation had begun at thirteen, appeared every four weeks, lasted for three days, varied from scant to excessive, and was quite painful in the hypogastrium. There was much leucorrhea.

At fourteen she had been married but had borne no children. However, she had had a miscarriage at two months, seven years previously.

She dates the beginning of her trouble from eight years before, when a marble-size lump was noticed on the left side of the vulva, the exact location not being determined. It had grown steadily and was then thought to be at least the size of a cocoanut. It had become "chafed" and at times it was quite painful, and ached, largely on account of its weight.

On examination the patient was seen to be a well-developed mulatto of twenty-four.

Abdomen negative.

Vaginal outlet marital. Perineum in good condition. Cervix in the axis of the vagina and intact. Fundus anteflexed.

The labia minora were enlarged and nodular, more so on the right, and this hypertrophied tissue extended downward halfway around the anus on the right and part of the way around on the left.

Both labia majora were also enlarged and roughened. The left was lobulated and much the larger. Just to the left of this left labium majus was a huge pedunculated mass the size of a large cocoanut. The lower half of this tumor was covered with skin which was of the orange-peel or pig-skin type. This pendulous portion was also of a firm, rubbery consistency, whereas the upper half was so soft as almost to suggest fluid. The under aspect was excoriated and showed several ulcers. No sensitiveness was obtained on squeezing the mass.

Examination of blood films for filaria was negative.

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A negative Wassermann, the duration of the lesion, and the firmness of the mass, made it most probable that it was the commonest tumor answering that description, namely a fibroma.

While the patient was on antiseptic treatment in an effort to heal the macerated areas on the posterior portion of the tumor before operation, she decided to leave the hospital, which she promptly did, and has never been seen since.

As no specimen was examined microscopically, the diagnosis was purely a clinical one, and therefore is open to error.

Leonard, in reviewing the subject of fibroid tumors of the vulva very exhaustively in the December number of the "Bulletin of the Johns Hopkins Hospital," calls attention to the fact that while these fibromas are rare, they are nevertheless the commonest solid benign tumors found in that region of the body. Out of the 23,000 gynecological admissions to the hospital he was able to find but six cases recorded.

They usually begin underneath the labium majus and grow to a much larger size than superficial fibromata elsewhere. The skin covering the tumor has a tendency to become thick and wrinkled suggesting the skin of the crotum, as was true of our two cases.

Both of ours likewise followed the rule in becoming ulcerated and one in becoming edematous and semi-fluctuant, doubtless due to stasis.

Cases are recorded where these tumors swelled up several times their normal size during menstruation. They have interfered with urination on account of pressure upon the urethra, have hindered locomotion, and have given trouble during coition and parturition.

They have been mistaken for hernias, and patients have been confused with hermaphrodites on account of their occasional resemblance to testicles.

The largest tumor on record of any kind anywhere in the body was a fibroid originating in the subperitoneal pelvic connective tissue, which pushed downward and presented in the vulva. It was photographed in 1850 by Buckner and reported in the Ohio State Medical Society Transactions of 1851. He traveled 220 miles and took a daguerratoypist with him. At that time the abdomen, which was encroached upon by the upward extension of the growth, measured seven and a half feet

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in circumference, and the distance from the xiphoid to the pubes was three and a half feet. The second part of it in the buttock region extended along the thighs and was two and a half feet in length and one and a half feet transversely. At the death of this woman, autopsy was refused, but in order to get the corpse into any kind of conventional coffin, the family doctor, in the presence of the husband, amputated the tumor portion presenting in the buttock region and from it estimated that the whole growth would weigh about 268 pounds.

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CESAREAN SECTION AS AN ELECTIVE OPERATION: CASE REPORTS.

ARTHUR W. RALLS, M. D., Gadsden.

Despite the fact that military surgery has claimed a great portion of the regular medical press for the past four years, yet considerable information appears regularly regarding the above subject. For this reason alone we feel that Cesarean section in its many phases is still a very live issue.

Probably no author in this country gives us more concrete information regarding Cesarean than Joseph B. DeLee, and I shall quote him freely as reference.

This paper does not deal with the different modes of section, nor the technique of each class of operation, nor the end-results, such as thin scars, subsequent rupture of uterus, and spontaneous labor, or liability to repeated Cesarean in the same subject; but we attempt to classify the cases as regards indications for this form of delivery.

The following paragraph taken from DeLee's history of Cesarean illustrates the extremely high mortality even as late as eighteen eighty or even later. The first generally accepted Cesarean was made by Trautman of Wittenbury in 1610. About the year 1500 a swinegelder in Switzerland had thus delivered his own wife after a dozen midwives and barbers had failed. In 1581 Rousset published fifteen cases. In 1845 Kayser, of Copenhagen, reported a mortality of 62 per cent for the past eighty years. Tarnier said that up to his time there had not been a successful case in Paris during the nineteenth century; and Spæth said the same thing of Vienna in 1877. Harris collected eighty cases in the United States with a mortality of 52 per cent.

In the light of modern surgery the mortality in selective cases is low; in indiscriminate cases it is frightfully high.

DeLee[1] separates the indications for the section into two classes, viz: (a) absolute, (b) relative. The absolute indication is where the child, even though mutilated, cannot be delivered through the normal canal with safety to the mother.

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The relative indication is where the accoucheur decides that abdominal delivery offers a better chance for both mother and child. Extreme contraction of the pelvis, 6 or 6½ cm. conjugata, or an immense child present the absolute indication; other conditions coming under this head are, (a) narrowing of the passage by exostoses, (b) irremovable tumors, (c) stenosis of the cervix or the vagina, (d) neoplasms of the uterus and adnexa prolapsed before the child.

The relative indications are (a) contracted pelvis with conjugata vera 6½ to 9 cm., depending on the size of the infant, (b) placenta-previa centralis, (c) eclampsia at or near term with a tight os or long cervix, (d) abruptio-placentæ, (e) habitual death of the fetus in labor, (f) fibroids and infection, (g) mammoth child, (h) slightly contracted pelvis and mammoth child.

Gellhorn[2] calls attention to some indications for Cesarean as found scattered through the literature as (a) uncompensated heart disease, (b) varicosities of the vulva, (c) prolapse of the parturient uterus, (d) and even hypersensitive women who have been debilitated by hypercivilization and fashion, (e) end-results of former pelvic operations or accidents in the pelvic canal as vesico-uretero-vaginal fistulæ, or serious scars in the cervix may be placed under this division.

There are sometimes many questions to be considered concerning the decision of Cesarean section, and many are also difficult to classify. In choosing a selective relative case the physician has to depend to some extent on good judgment, as the indications are often subjective.

"For a relative indication to hold, the mother and child must be in prime condition."

Kustner[3] cites a case of Cesarean for presentation of shoulder impacted in a contracted uterus; version could not be effected. This condition seems to be an absolute indication. Martin[8] reports a case of rupture into broad ligament, relieved by Cesarean.

Reyonalds and Newell, of Boston, think abdominal delivery preferable to the strain of a hard labor or forceps delivery in delicate, nervous mothers. Other writers think that these same cases should not be denied the psychic effect of labor.

Davis,[4] of Philadelphia, says abdominal section is the safest artificial method of delivery, saving the life of the child and

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preventing injuries to the nervous system, which may jeopardize its life; he also quotes a well-known author who says that, "Cesarean is the safest way to deliver a living child."

Davis[4] suggests that Cesarean section opens the field in cases of degenerates and feeble-minded, with the consent of parents or guardian, to effect sterilization when thought best. "Cesarean section is justifiable when the mother is attacked by disease which renders parturition exceedingly dangerous." The last-named author says that elective section may be practiced with success in those cases where the anatomic relations are normal, but where there is a physiologic incompetence.

DeLee[5] in a paper before the American Medical Association, 1916, Detroit, decries the indiscriminate use of Cesarean, and shudders at the flimsy excuses set forth in some cases. Some localities boast of more infants born by this method than by natural labor. Hirst, however, is cited as going so far as to even advise vaginal Cesarean to induce therapeutic abortion. Pubiotomy is to be considered in diagnosing a relative Cesarian. The number of cases of morbidity and infant mortality due to forceps delivery, carrying with it cervix tear, procedentia-recti, perineal tear, fistulæ, and other aids to invalidism, is appalling .

As a consequence of these evils there is an increasing demand for carefully planned and carefully diagnosed sections. We must also add that the progress in the development of the different modes of Cesarean has been beneficial to the human race and brilliant in their execution.

It must be borne in mind (Spalding)[6] when deciding a relative case the future probability of sterility, of abortions, of future rupture, and of repeated sections.

Williams[7] thinks the operation of section is abused by its frequency and that it is not always performed at the elective time, even when properly indicated. He gives the general mortality as ten per cent, and that of his own experience at eight per cent, although he had never lost but one case done as an elective operation; he also states that when the test of labor fails, the time for an elective operation is passed. Williams advised Cesarean for eclampsia in some cases of primipara, but not at all in multipara.

In the vast majority of cases where craniotomy, pubiotomy and Cesarean may each be considered, we will find that the

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largest number of operators will decide in favor of Cesarean as the safest mode of delivery.

Taking my few case reports as a part of a basis I am convinced that the high mortality in the past has been mainly due to poorly selected cases. Those of us who have had high mortality may make the operation safer by selecting the cases carefully, and applying the type of operation best suited to each given case. In this connection I have in mind mainly the low extra-peritoneal operations.

The desideratum of first importance in a selective case is that the case be a so-called "clean" case. Other conditions desirable are (a) that the operation be done preferably just before labor begins, (b) that the patient be properly prepared as for any other laparotomy, (c) and that the mother be physically a good surgical risk.

Some of the contraindications in a selective case are (a) acute infections—as gonorrhoea, (b) mothers advanced in labor, (c) those traumatized by examinations or already exhausted, (d) a young primapara where the life of the child is already questionable, (e) as a means of reducing fetal mortality in breech presentation, (f) infected women who are too weak to undergo the added shock of a Porro. These contraindications apply mainly to relative cases.

All of the following reported cases were brought to the writer as emergency cases with the exception of one case, and this a case of placenta-previa, who had an exhaustive hemorrhage for two weeks: only one of the eight cases might be considered a selective case, viz., a case of eclampsia in a primipara four days before the computed time of labor and four hours after the first convulsion.

All cases were done by the simple transperitoneal route.

Case 1.—Mrs. R., age twenty-six, first pregnancy, referred by Drs. Landers and Ford. Mother's previous personal history was negative. Had been in threatened labor for more than forty-eight hours, but head would not engage. Diagnosis of tumor filling the upper brim of pelvis was finally made. Referred for Cesarean February 20th, 1910. There was no temperature, pulse 120, and mother somewhat exhausted. The abdomen was opened, and by a longitudinal incision in the uterus the placenta and a healthy living child were removed.

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It was found that the patient had a large pedunculated extramural fibroid as large as a fetal head. This was removed, and an iodoform wick inserted through the cervix for drainage, and the uterus closed in layers. The abdomen was closed as a clean case and the mother's recovery was uneventful. This was a classic absolute but not a selective case. The patient had had the test of labor and many examinations.

Case 2.—Mrs. F., age twenty-three, primipara. A deformed idiot, presenting a kyphoscoliosis, and an extremely contracted pelvis. The husband was also an idiot. The patient was refererred by Dr. William Anderson March 12th, 1910, for Cesarean. Numerous attempts had been made for high forceps delivery. The patient reached the hospital exhausted and moribund. After a venous infusion of saline, the uterus was quickly opened, and a dead child, badly deformed, removed. The uterus was not removed on account of extreme shock, and the mother died within an hour without regaining consciousness. This was an absolute indication, but not selective. This case should not have been operated on and charged to the debit side of surgery.

Case 3.—Mrs. B., age twenty-six, primipara, living in South Carolina, came to writer's home city to have her mother's care in present illness, which had lasted already three weeks. She was taken from the train to the hospital June 6th, 1912, in a state of considerable collapse. Consultant, Dr. G. E. Silvey. Patient was six months pregnant. Personal history negative till present illness. Had a family history of tuberculosis. Temperature 101 F., pulse 120. Signs of extreme weakness. Blood was examined for malaria, and a Widal was made for typhoid, eliminating both of these diseases. The blood count indicated absence of high grade infection. There was pain throughout the entire abdomen and extreme tenderness. The cervix was long and rigid. There had been no hemorrhage from the uterus. Expectant treatment was instituted for twelve hours. During this time the abdomen enlarged rapidly but was soft. There was no rigidity of the abdominal muscles and no vomiting. A definite diagnosis was not made, but on account of the rapid distension of the abdomen it was considered an acute surgical case. On opening the abdomen the uterus was found to have completely filled the abdomen, and to contain a much larger quantity of fluid than normal. The

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general appearance of the uterus indicated extreme congestion of the entire organ. The uterus was opened and twin boys, weighing three pounds each, were removed. The uterus was full of old blood and only one placenta was present, which had left the uterine attachment for about one quarter of its area. The uterus was removed and the patient recovered. This case was diagnosed as abruptio-placentæ. This was a relative indication but not a selective type.

Case 4.—Mrs. W., age twenty-four, primipara, referred by Dr. R. A. Burns, (now Captain Burns, M. R. C., U. S. A.) on August 10th, 1912. Patient was within four days of computed confinement. Had been having eclamptic convulsions for thirty-six hours. Medicaments had given no relief. Legs and feet were badly swollen and patient very toxic. The patient had uterine inertia. The head was freely movable above the superior straight. All artificial means to stimulate uterine contractions failed. A Cesarean was decided upon and delivered a dead child. Uterus was drained through the cervix and closed. The patient died six hours later apparently from shock. A pubiotomy or craniotomy would have been preferable in this case; high forceps had already been attempted. This was not a selective case but as she was a primipara, might be classed as a relative indications.

Case 5.—Mrs. H., age twenty-six, primipara, eight and one-half months pregnant. Referred by Dr. W. T. Gillespie. Patient had had intense pain in region of right adnexa, and extending up the right quadrant of the upper abdomen, lasting about six days. There had been slight irregular menstrual flow; no uterine contractions. The pain necessitated the use of opium. Personal history was negative. Placed in the hospital and given expectant treatment for twelve hours. Vaginal examination disclosed a large soft mass in the region of the broad ligament which was very tender. The diagnosis of a possible degenerating cyst was made. The patient's temperature had remained about 100 F. for three days. When the abdomen was opened a very large hematoma of the broad ligament was found. The bleeding in the sac was active, and the mass had encroached high up on the uterus. An effort was made to tie off the tube and ovary and remove the sac, but the hemorrhage was so violent that it was necessary to empty the uterus and remove its body. The child did not cry and was not resusci-

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tated. The patient made a normal recovery. This case was not selective, but was classed as a relative indication.

Case 6.—Mrs. A., age thirty-four, mother of four living children, referred May 8th, 1915, by Dr. E. K. Hanby. Two weeks previously the mother had had an excessive uterine bleeding lasting ten days. She was within ten days of expected confinement on day of operation, May 9th. A diagnosis had been previously made of placenta previa-centralis. She was badly exsanguinated as a result of prolonged bleeding. The uterus was opened and a still-born child was removed. Patient had been having temperature of 100 F. for a week. The placenta covered the internal os with its center. All the area of the placenta covering the os was broken down and decomposed. A Porro was not done, drainage was given through the cervix. The patient recovered.

Case 7.—Mary J., colored, thirty-nine years old, primipara, weight 230 pounds, referred by Dr. I. C. Ballard. The patient had a decided contracted pelvis which is so frequent in this race, and a monster child. She was edematous and highly toxic. Labor was at its full termination. She had had the test of labor for thirty-six hours and high forceps application. Temperature was normal but she was very much exhausted. Owing to the mother's obesity and the contraction of the pelvis, it was decided that the lesser risk to the mother would be Cesarean. All evidence of fetal life was gone. A dead child was removed by Cesarean and a Porro was done. The patient suffered intense shock and died forty-eight hours later of sepsis.

Case 8.—Mrs. M., age twenty-four, primipara. The writer was called at five A. M. on the morning of October 5th, 1916, to the patient's home. Patient was having convulsions every ten minutes. She was within five days of her expected confinement, and a physician had not been engaged nor advised with. With careful preparation a vaginal examination disclosed a tight cervix. Cesarean was advised and the patient was removed to the hospital and operation was three hours later. A catheter specimen of urine showed excessive albumen and casts. Her convulsions were controlled to the extent of making her operable, by the use of veratum and opium. A simple transperitoneal Cesarean delivered a healthy, living boy. The uterus was closed in the ordinary manner; abdomen closed without drainage and the mother recovered.

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In this series of eight cases five mothers lived, and three died. This is a mortality of thirty-six and six-tenths per cent. Two of these cases had been moribund for thirty-six hours at time of operation, and the third death, the large negro woman was everything but a selective case. Neither of the two moribund cases were fit subjects for a pubiotomy or craniotomy. Finally the surgeon must decide in these desperate cases when the patient is brought to him as a last resort whether he will let them die as they are, or charge more crime to surgery by offering them the faintest hope.

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DISCUSSION.

Dr. J. M. Mason, Birmingham: I have not had much experience in performing the Cesarean section, but I am well satisfied that the operation is gaining ground. It is becoming more popular and the mortality is being lessened as the operation is better understood. The frightful mortality that has attended puerperal convulsions, and the fever, has been something that has brought the operation into wider use.

I do not believe we have the question of contracted pelvis so much in this part of the country as in other portions. In the east and some of the European sections where there is not so much outdoor life it is more common. We do not see so many contracted pelvises. We see many cases of placenta previa and a lot of the complications that go badly with the old method of treatment. We see more and more every year cases successfully delivered that have puerperal convulsions. If we compare the cases we have seen and the cases that have been taken in time and properly delivered as compared with the old,

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tedious attempts at delivery as made heretofore, only to be followed by sepsis, we begin to see that if we keep the patient under careful observation, make careful selection of the case where delivery can be better carried out than by the old method, and when we remember the frightful mortality that frequently confronts us when dealing with placenta previa, I think we will all come to the conclusion that in the carefully selected cases the Cesarean section is going to be and is being very much more used than in the past.

Dr. F. A. Lupton, Birmingham: I remember very well the first Cesarean section that I had anything to do with, about seventeen or eighteen years ago when I attempted it on a patient who had the cervix and vagina completely sealed up following the use of nitric acid in an attempted abortion. The patient and child both lived. I think that was the first successful Cesarean section that had been done in the State. I had seen a few in Baltimore, but there the indications had been positive for Cesarean section. As Dr. Mason said, we have very few positive indications for Cesarean section. So far as I am concerned, personally, I have only seen three cases where the indications were positive. One was in a negress who had been in labor for three days and she had such a contracted pelvis she could not have been delivered through the vagina. The child was dead but the Cesarean was performed, the uterus was removed and the patient recovered. Another case was that of a woman who had one leg cut off when she was three years old. I did a Cesarean section on her comparatively recently. She was a positive indication. Most of the cases are done either because the doctor who was looking after the case had not seen it in time, or it had not been watched carefully, and those are the dangerous cases for Cesarean section. So far as I am individually concerned, I have always contended that if in eclampsia a reasonable length of time elapsed after the convulsion the patient could be successfully delivered in the usual manner. In a recent case a woman had come thirty miles in an automobile and the cervix was still long and could not be dilated. I did a Cesarean section and she and the baby both lived. This is the only case of eclampsia I have seen in which I thought the operation was indicated. In the majority of cases the baby can be delivered by the vagina, and I think most people will agree that

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a woman is better off after that than she is after a Cesarean section.

The point we must consider now is this: Are we justified in doing the operation in a given case? A woman came to me not long ago who said a former child had been killed in delivery and she wanted a Cesarean section. There was a measurement of 17 cm. and that brought about a contraction of the pelvis. It was a fine case for a Cesarean section, but I was justified in doing it, because the Cesarean section is one of the easiest operations we do. The question was, was I justified in doing it? I could not see that I was. I talked it over with her and she went into labor and the baby was delivered and both mother and child are living. It is mighty hard for a doctor to turn down such a case. If you have time you can select your case and the woman and child are both apt to live. In most cases the woman is in bad condition and has been torn and lacerated and that is where we get such a serious condition. I think the Cesarean section is being done more and more, and is going to be done still more. I dare say every surgeon who does abdominal surgery has done a good many Cesarean sections.

Dr. J. R. Garber, Birmingham: I would like to say that I would never belong to a school that looks upon an incision in the anterior wall of the uterus as a slight thing or with indifference. I think the Cesarean section is very apt to be used to get out of a hard labor and as a subterfuge, on the part of the physician, to eliminate the disagreeable features of a protracted labor case. I think the work should start before time for the section, in the "prenatal" stage, as early as the third month of pregnancy. Recently I had a case in which two doctors had assured the woman she would have to have an abdominal section if she continued to term or submit to a therapeutic abortion at the third month. She had a contracted pelvis, but I did not see my way clear to do a Cesarean on that account alone. I did not tell her she would not have a section, but told her I thought the chances were about fifty-fifty for normal delivery. I did not wait for a full term to be arrived at, for there is such a thing as the induction of premature labor—we have such a thing to prevent a woman from having this incision in the anterior wall of the uterus. The induction

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of labor was brought about, she recovered and the result will be that when she again becomes pregnant she will not have the same dread and fear of having to submit to laparotomy,—it will make the load a little bit lighter. Her baby is alive and flourishing.

Another thing that I think would be good is the use of the X-Rays. I do not wish to convey the impression that this is a proof positive diagnosis of pregnancy, and let me add that there is no question but that you have to know the ability of the roentgenologist. I think that in many cases it is a great help for you can see the position of the head or presenting part and this will aid in formulating plans for delivery.

In cases of eclampsia I do not see why a man should become panicky because a woman has a convulsion. It seems to me that if a woman has a post-partum eclampsia she can stand a few hours of further labor and I think this is more helpful to labor than if she had not had it. It will stimulate labor to its fullest extent while you are waiting for the os to dilate sufficiently for normal delivery. You should sit by the patient and watch her very carefully. Don't leave her and go to attend to other things, but stay right there by her. And in this connection, let me emphasize the necessity and value of promoting active elimination and thoroughly stimulating the emunctory organs in the interim.

I think the promiscuous use of the Cesarean section in cases of eclampsia, slight disproportion and the like is to be frowned upon. Dr. Ralls gave a splendid resume of the indications and counter-indications for Cesarean section, and I am sure we are all indebted to him for bringing it out so well. (Applause.)

Dr. Ralls (closing): I enjoyed the discussion very much and wish to say that obstetricians, such as Dr. Garber and Dr. Lupton and others, are in better position to select cases properly than the general surgeon, who has his cases brought to him—frequently as a last resort.

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HERNIA OF THE URINARY BLADDER.

S. G. Gay, M. D., Selma.

Owing to the proximity to the inguinal region, the urinary bladder in part, or the whole of it, may present itself, through any of the openings, where hernias commonly, or uncommonly make their appearance, but are more frequently found in the direct inguinal variety.

By the term hernia, we imply the presence of a hernial opening of a hernial sac, with its contents and coverings. We know that in many hernias of the urinary bladder, the sac is either incomplete, or totally absent. Hernias belonging in the gynecological class, as vaginal, etc., are not considered here.

The urinary bladder is a musculo-membranous hollow viscus, the principal function of which is for the temporary storage of urine. With the exception of the stomach, it is the largest hollow viscus in the human body, and alike, both these organs are susceptible of marked distension, from internal pressure, while the bladder is resistant and contractile, also expansile and distendible. When normally distended it holds about 500 cc., but may be distended to hold several times more than this amount. It is suspended by its superior and inferior extremities, being fairly firmly fixed at its case. It is located in the anterior lower abdominal and pelvic cavities, posterior to the symphysis, and anterior to the rectum and small intestines in the male, and of the uterus in the female. It has two openings of entrance, the ureteal orifices, and the urethral exit, its mucous membrane is continuous with that of the urethra, the blood supply consists of the three arteries, upon each side, derived from the internal iliacs, the veins are abundant and form a complete plexus at their collum, lymphatics are numerous, except in the mucosa, and communicate with the pelvis glands.

The nerve supply is derived from the sympathetic system and three and four sacral nerves. With its true and false ligaments composed of facia and peritoneum; with this short and incomplete reserve of the bladder we are in a position to understand that the bladder is pretty generally movable, making it

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capable of being carried in part, or wholly, into any of these hernial openings. Modern medical and surgical text-books contain meager information concerning extrusion of portions of the urinary bladder as a possible complication in any type of hernias, despite the fact that the pathology was recognized and described early in the eleventh century. The comparative infrequency of the complication is certainly an insufficient excuse for its apparent neglect by modern investigators.

So far as can be ascertained less than four hundred examples of hernia of the bladder have been recorded in the literature of the world. There is no doubt many more cases will be reported in the future, as we become more and more accustomed to the existence of this condition. We can more readily recognize it, due largely to the fact that the Bassini technique permits more thorough exposure and higher ligation of the sac, than the other methods, therefore vesical complications will be recognized with greater frequency. Majority of observers find a greater frequency of vesical hernias in the male than in the female, this coinciding with the observations of the writer. Vesical hernias are more frequently found in the inguinal type of the male, and the femoral type in the female. They are more frequently observed in the adult of both sexes but there are exceptions to this rule, as they have been occasionally observed in children of both sexes. Anatomically, there are recognized three types of vesical hernia: (a) The extra-peritoneal, where a portion of viscus protrudes alongside of the sac, of an ordinary hernia. (b) The intra-peritoneal, where a portion of the viscus appears in the sac, covered with peritoneum. (c) The para-peritoneal, where a portion of the viscus is covered with peritoneum of the sac. In practically all instances, in addition to a portion of the vesical walls, the hernial sac, contains omentum and intestines.

True primary vesical hernias may be regarded as pathological curiosities. The etiology of these hernias is largely the same as hernias in general—as the cause of this pathological lesion, the following factors are of importance: All conditions that tend to increase abdominal pressure such as occupations that necessitate vigorous muscular efforts; physiological or pathological states which distend the abdominal cavity stretching the abdominal parietes, and widening the orifices—normally present in its walls. All diseases associated with

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frequent repeated increased intra-abdominal pressure. All conditions which weaken the abdominal walls; such as acute or chronic diseases, especially those causing great emaciation obesity, or traumatism, such as abdominal operations, followed by pathological adhesions of viscera or omentum, to the anterior parietal peritoneal wall near a hernia opening may act as predisposing causes.

Feeble development, or atrophy of the aponeurosis of the transversailis muscle and of the conjoined tendon is a factor of great importance in direct inguinal hernia. Congenital, inherited or acquired weaknesses of the abdominal wall, pre-existing hernial sacs of prenatal, and post-natal formation. All conditions associated with prolonged over-distension, over-stretching impaired contractibility, restricted mobility, etc., of the urinary bladder, with congenital malformations of its walls; diseases of the lower urinary organs impairing the expulsive force of the bladder, or, hindering the outflow of urine, with peri-vesical fatty connective tissue, may be considered as causes for the type of hernia. As definite characteristic symptoms seldom occur, accurate anti-operative diagnosis of a vesical completion of hernia is unusually impractical. It is suggested that the most constant indicative clinical sign is a hernial tumor, which subsides after micturition; pressure upon the protrusion may cause a desire to urinate, or even the expulsion of urine. According to the majority of observers, there are no characteristic symptoms, nor does the presence of the complication necessarily produce serious discomfort to the patient.

In two cases that came under the writer's observation, these statements would not be accepted, as they had considerable pain with more or less regularity, which was the main symptom that caused them to seek relief. The hernial swelling may be cylindrical, ovoid, soft, elastic and fluctuating, or hard and non-elastic. The size of the hernia, especially when the urinary bladder is not complicated with other visceras, may change rapidly, being influenced by the clinical type of hernia, position of body, amount of urine in the bladder, together with the amount of bladder engaged in the extrusion.

The subjective urinary disturbances are frequent and difficult urination with pain at the close. Patients may have to resort to unusual positions or to compress the hernial protrusion, in order to empty their bladder. The ob-

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jective disturbances are increased swelling, with accumution of urine, decrease with voiding. The injection of fluid or air into the bladder causes an increase of the size of the hernial swelling. A sound introduced into the bladder may enter the herniated bladder process. A cystoscopic examination of the bladder may show the round contour of the bladder with the opening of the herniated bladder process. Vesical hernias may exist alone, or with another organ, or organs from the same side, or from the opposite side of the body. This, however, is unusual, but did occur in one case coming under the writer's observation.

In only one case coming under the writer's observation was the hernial sac, with its visceral contents large, the smaller ones appeared more painful. In many cases note is made of the excessive breadth of the hernial canal and large hernial ring. The spermatic cord may be to the outer side of the hernial swelling, or spread out over, behind, below, or external to it, and also may be found to the anterior and outer surface of the bladder. The sac may be thin or thick, congested and infiltrated, closely adherent to the spermatic cord, and not uncommonly covered with a thick mass of fatty tissue. This was observed in one of the writer's cases. An extra-peritoneal bladder hernia has no serous covering, a pseudo sac, consisting of connective tissue, overlies the herniated bladder process. The pre-vesical accumulation of fatty tissue is thought by many to be an important contributory etiological factor. The sac contents may be hernial fluid, a part of the uterus, ovary omentum, small and large intestines, the caecum, and the appendix. The caecum and appendix were found in the hernial contents, together with a portion of the bladder, on the left side, in one of the writer's cases. The existence of hernia of the urinary bladder may be unrecognized, suspected or diagnosed before operation, or the diagnosis may be made at the operation, or not for one or more days after operations, which is made at the autopsy.

It is sometimes difficult during the operation to distinguish the true hernial sac, from the tumor mass. This may be rendered easier by having a steel sound passed via uretha, and brought up to the field of operation thus bringing the trabeculated appearance of the bladder muscles in more prominent view.

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We can expect to find the bladder located nearer the median line than the true hernial sac.

An operator should always be on his guard, when doing hernias, or he may incise the bladder under belief that he is opening a hernial sac, this occurring to the writer in one of his cases. In operating upon recurring hernia, owing to the possible adhesions that may have been formed, he should be always on his guard, and expect bladder complications. If isolation of the hernial sac, from the inner lower portion of the ring be difficult involvment of the bladder is to be suspected. One can avoid its injury by securing a good exposure of the operative field. The more exact we are in the dissection of the sac quite up to the epigastric artery, the more likely will cystocele, especially in its earlier stages, be discovered. Vesical hernias can be produced by traction upon the sac, efforts to place the ligature higher up, may if one be careless, result in catching in its bite, the bladder wall.

Should the bladder be incised, or otherwise injured, during the operation, and the operator is not sure of the accident, a sound may be passed and brought out, at the injured point. In case this accident occurs, carefully suture it with non-absorbable material, always using care not to penetrate through the bladder walls in its entirety, passing through all structures except the mucosa, after which free drainage should always be provided. In these injuries immediate closure of the bladder wound is of primary importance, even where its walls are but slightly injured, it is safe to fortify the weakened spot, by a few sutures.

Operators are not agreed as to the advisability of using a permanent catheter after bladder suture, nor if the catheter is used, how long it should be retained in the bladder. It is left in from one day to as long as two weeks—these points appear to be the extreme—it appears to the writer that judgment should be used, based upon the extent of the injury, and that a point nearer midway, between these two extremes would be wiser, and more practical. Drainage extending to the bladder wound, is a prudent provision against leakage from the sutured walls, and should never be omitted.

Operations for the radical cure of vesical hernia have practically no mortality. What mortality occurs is usually due to complicated conditions, such as old age, great debility, shock,

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long standing strangulation, and unrecognized bladder injuries. When complicated in convalescence by urinary fistulæ, they usually close spontaneously.

In concluscion, I wish to speak briefly of three cases of bladder hernia that have come under my observation:

The first is that of a negro male child, 5 years of age, referred to me fifteen years ago by the late Dr. Sellers, of Browns, Alabama, for a strangulated indirect left inguinal hernia. This proved to be a most unusual and interesting case, as the operation proved it to be a case of transposition of the cæcum and appendix from the right to the left side, both of which were found in the hernial sac, together with a small pouch of the urinary bladder. The caput of the cæcum was found gangrenous in an area about the size of a silver fifty-cent piece, which was resected, appendix removed, all the hernial contents returned to abdominal cavity, wound closed, patient had rather stormy time, but made a good recovery.

Second Case.—A. W. C., white male, age 75, druggist by profession, had led a very active business life. He had a small indirect left inguinal hernia for some years. At the age of 71 had a severe attack of cerebral hemorrhage, paralyzing his right side. About a year after this he decided he wanted his hernia operated. This was successfully done under local anæsthesia (cocaine). A year later a direct inguinal hernia appeared on the right and paralyzed side. This was a small hernia, but was quite painful to him. He decided that he wished the hernia operated upon. On account of his thin physical condition, members of his family and myself endeavored to persuade him not to have an operation. He replied than he had rather be dead than live with the discomfort he was then enduring. The operation was done under local anæsthetic (cocaine), at which an unusual amount of fat was noted, which aroused suspicion, and was carefully divided upon the supposed sac, when a trabeculated surface was observed—this being pushed inward and the peritoneum opened farther out, when a hernia of the bladder was demonstrated. The usual closure was done. Patient died three weeks later from uremia. A chronic interstitial nephritis was known to have existed before the operation.

Third Case.—J. E. G., male, white, age 18 years. This patient had a left undescended testicle. No indication of a

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hernia nor discomfort of any sort, until some time after he had joined a calvary company in the summer of 1916, when the Mexican Border army was being formed. Shortly after entering this service, he commenced to notice discomfort in the left inguinal region after drilling on horse-back. In October, 1916, he was visiting his home on a furlough. He consulted me, when a small left direct inguinal hernia was noted, which caused considerable pain at times. He was advised to be operated, but did not accept same until November 15th, 1916, the painful condition having grown steadily worse. At the operation I thought I was opening a slightly thick hernial sac, with the escape of rather an excessive amount of clear fluid, with a slight uriniferous odor. There being some doubt as to whether a thin walled bladder had been opened or not, a catheater via uretha was passed and brought out at the opening, definitely proving that the bladder had been opened. This was closed with silk. The peritoneum was opened on the outside of the bladder, and a search for the testicle was made, which was not found either in the inguinal canal or in the abdominal cavity, this organ having either atrophyed or had never developed. The peritoneum muscles and fascia closed, with a single drain extending well down to the bladder wound, there followed some urinary leakage. This stopped spontaneously in a reasonable time. He joined his command on the Texas border, and was honorably discharged from the army. He followed the occupation of gas engineer helper until the summer of 1917, when he again entered our Government's army, where he is now serving, and has not had a return of the hernial condition.

In cases two and three here reported, no other viscus was found in the hernial protrusion at the time of operation except the urinary bladder. This fact may, or may not account for the excessive pain complained of in both of these cases.

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HERNIA THROUGH TRIANGLE OF PETIT.

J. D. S. Davis, M. D., F. A., C. S., Birmingham.

Lumbar hernia occurs in the lumbar region through the triangle of petit. The triangle is bounded posteriorly by the latisimus dorsi muscle; anteriorly by the external and internal oblique muscles and has its base at the crest of the ileum. The opening is usually due to the flaying out of the muscles or to the wide separation of the muscle at the crest of the ilium.

Only five operations for lumbar hernia have been recorded. One each by Kuster, Bull, Owen, Dowd, and Rishmiller. My four cases will make nine.

Baracz reported sixty-eight cases in Langenbeck's Archives in 1902. The hernia is usually congenital though one of my cases was probably traumatic.

My first case, who consulted me October 10, 1902, was Master George P, age 15 years, who had been in a wagon accident. The front wheel of an empty two-horse wagon ran obliquely over his body while his face was to the ground. He made but little complaint afterward, continuing to drive his wagon, until four days later he noticed a swelling in the right lumbar region and became so alarmed that I was consulted. He had never had any trouble before with his side and wanted relief. I advised him to use a belt support. After a little more than a year, December 5th, 1913, he returned to me complaining of pain and soreness in the region of the tumor. I advised an operation, and on December 9th, 1913, I did Dowd's operation on him. About the second week a small collection of serum was removed from the lower angle of the wound. Recovery was otherwise uneventful.

The second case was a young man, Mr. Dyer G., age 23 years; consulted me November 14th, 1913, regarding a tumor in his left lumbar region over crest of ilium. He had noticed the swelling as a boy, but did not regard it as serious, and continued his exercise and sports as other boys without inconvenience. At the age of twenty he joined an athletic club and began vigorous training. After a year of training he noticed

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a perceptible increase in the tumor, which began to interfere with his bowel action. He began to grow very constipated and when he went to stool he could not get his bowels to act until he pushed the tumor mass in with his hand. This so distressed him that he presented himself for treatment. A well-adjusted pad held by a bandage gave partial relief, but was not satisfactory so he came to me for operation November 18th, 1914, when I did Dowd's operation with satisfactory results.

The third case, James K., aged 18, had a right congenital hernia through the triangle of petit. He came to me December 15th, 1915, and was operated on December 20th, 1915, by Dowd method. Results good.

The fourth case, Mack J., age 20, had a hernia through the triangle of petit, and was operated on January 16th, 1916, by Dowd's method. No complications. Results good.

I have seen three of these cases the past year and the three are well and have had no return of the trouble. One of them (the fourth) has disappeared, and I cannot find him.

The operations which have been done I will briefly describe: Owen closed the triangle with catgut; Kuster closed the opening with skin, muscle, bone, flap; Bull by overlapping the muscles and facia with kangaroo tendon; Rishmiller sutured the internal oblique to the latissimus dorsi and covered the small opening over crest of ilium with a strip or flap of facia taken from the anterior border of the latissimus dorsi and sutured over opening and then lapped the latissimus dorsi with external oblique and held in place with chromicised catgut, and Dowd, whose operation I did in all of my cases, consisted in suturing the upper border of the latissimus dorsi to the upper border of the oblique; then transplanting a flap from the gluteus maximus and medius muscles to cover the lower portion or base of the triangle and then a flap is cut from the latissimus dorsi to cover the remaining unclosed portion of the triangle. The sutures are made with No. 2, twenty-one day cutgut. The superficial facia fat and skin are closed with buried No. 1 cat gut.

It is remarkable that I should have four cases in the space of a few years, never having seen a case before nor since.

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SIGNIFICANCE OF A LUMP IN THE BREAST AND ITS TREATMENT.

W. C. Gewin, M. D., Birmingham.

There is no other one disease of modern times that is receiving more attention from research workers than cancer, yet it is steadily gaining in the list of fatalities. There is no other one disease that is the subject of so much diligent study and yet remains so deep in obscurity. We are even unable to find its origin; we imagine there is a germ—a parasite, but we are forced to remain indefinite.

Any organ of the human body may be thus involved, some regions seeming especially susceptible, the stomach, uterus, and the female breast being favorite sites of the malignant disease.

The female breast is, by its very location, its structure, and its power of rapid growth-changes, a fertile field; yet, although the dread of cancer of the breast is the horror of woman's life, it is something that she causelessly and uselessly conceals as long as concealment is possible.

There is no age nor condition that is immune. While it is true that carcinomata are much more prevalent in adults of thirty-five or forty or more, there are forms of sarcomata that seem to have a peculiar affinity for youth, childhood, and adolescence, and in some cases even infancy.

It has been a common impression that the breast of a woman that has borne children is more susceptible than that of one who has not; but such is not always the case. It is true that a fissured nipple or a mastitis is a predisposing factor, yet traumatism of any other sort is equally dangerous. The very prominence of the organ subjects it to trauma from all sorts of foreign causes. There is no doubt that trauma caused from the present modes of attire—tight clothing, corsets, etc., is a contributory factor, as it is shown by statistics that those nations dressing in soft yielding clothes are not so subject to the disease as we of the western civilization.

It is a well-known fact that any gland is especially susceptible to malignant changes,—also that the more active the cell-life the more favorable the field for malignancy. Think, then, what a wonderful field is the female breast!

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There is an urgent need among the laity for more widespread knowledge of the symptoms of cancer of the breast and the results of its neglect. There is a false conception of the nature of the disease very prevalent among women, most of them seeming to think it savors of disgrace, keeping it hidden until its terrible discharge and odor announce it in its dread significance. This is an erroneous idea that should be given strict correction.

However, it is not only the laity that is in need of instruction. We medical men ourselves should be ever vigilant in our observations and our treatment.

Hastings Gifford in "The Disorders of Post-Natal Growth and Development," says:

"Cancer varies greatly in its rate of extension. It may be so rapid as to simulate inflammation. Indeed, quickly growing sarcomata accompanied by redness and pain have often been opened in mistake for abscesses. On the other hand, cancers are sometimes so slow in their progress that they make very little headway, even after they have been in existence for years, and are prone to be mistaken for fibromata. Their rate of growth is largely influenced by the surroundings. If adjacent cells be also more or less on the verge of degeneration, as in old age, the progress is, as a rule, very slow. If, on the other hand, the neighboring cells are engaged in the activity associated with progressive development, then the progress of the cancer is, as a rule, greatly accelerated. The difference seems to depend upon the suitability of the environment. When the surroundings are congenial the progress is slow; when they are uncongenial the progress is rapid. It is, perhaps, never more rapid than when the cancer attacks the lactating breast, and never slower than when it forms in the useless senile breast, as the "stone cancer" of old women. All forms of cancer are prone to appear in these organs which naturally undergo rapid changes, like the breast, and the glands in the cervix of the uterus, than in those which are comparatively stable in their development, like bone, cartilage, and muscle."

It is a peculiar fact that pain is a rare symptom in the first stages of the malignant disease. It is this absence of pain that disposes the victim to wait for further developments—also the fact that many cases are of such slow-growing forms,—months, sometimes years elapsing without few palpable signs. Let us

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be sure that we do not err on the side of procrastination,—in few cases has operation been too early advised.

The first palpable sign of a malignancy of the breast is a lump; and no matter how seemingly perfect is the health of the victim there is only one bit of advice to offer,—and that is immediate surgical interference.

As has been stated, the lump in the breast is often in the beginning the only evidence of disease, but immediate action is required nevertheless. We all know that we may expect a large percentage of cures by operative means upon cases in the first stages,—but let us also remember that delay is often fatal.

The lump in the breast of a young woman may be benign, and it may not, yet even a benign tumor may become malignant. If it is a simple tumor and there are no suspicious accompanying symptoms the tumor alone may be extirpated, but the question is, when is a tumor benign? True, there are our pathological laboratories, but can the diagnosis always be relied upon? It is well known that the malignant cells may be so few in number that the excised portion may be entirely free from them; many tumors have been removed, diagnosed as non-malignant; only to have the patient rapidly develop a recurrence in the same spot, or metastases in some other part of the body with fatal result. Complete resection in these cases, would almost invariably affect a cure.

In a large percentage of cases, by early operation we can affect a cure without fear of recurrence. If we wait long enough for developments, we can, with great ease, make a perfect diagnosis; to affect a cure at that time is an almost impossible feat.

In the latter stages the nipple becomes retracted,—the whole breast becomes mobilized. Oftentimes, there is a loss in weight that occurs at the beginning of the disease; as the disease progresses that increases, and is accompanied by emaciation and anemia; there is also a typical cachexia. In the slow-growing carcinomata of the breast, glandular involvement is apt to be slow, occurring in the late stages of the disease. However, in the rapidly growing sarcomata, glandular involvment comes on swiftly.

As long as a case is considered operable, it is our duty to operate, making a complete excision of all diseased tissues, and of the adjacent glands; we may, however, in severe cases,

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expect recurrence. How much better to perform the same operation in the infancy of the disease when we may regard the future with optimism.

As already intimated the proper treatment of all lumps of the breast is removal, and I am coming more and more to believe that the so-called radical operation is probably the most conservative operation. I have seen a few cases in which the lump was removed with as little loss of tissue as possible, only to return later, even though the pathological report was negative at the time the lump was removed.

I might add that as an extra precaution I advise the use of Radium or X-Rays, either immediately or soon after the operation has been performed.

DISCUSSION.

Dr. S. W. Welch, Montgomery: I never like to discuss a surgical paper, because I changed my manner of living and allow the other fellow to get that sort of work, but three splendid papers have passed without discussion and it seems time that someone started something.

The presence of lumps in the breast is a very important matter, and I think this paper ought to be discussed. So many of us in general practice have found these tumors in our patients and passed them up, expecting some time to look them over again, and have gone back a few months later and found an inoperable cancer. It seems to me that any tumor of the breast ought to be investigated and surgical procedure resorted to at once. It is not a medical proposition but a surgical proposition, and should be regarded as such from the beginning.

Dr. A. N. Steele, Anniston: This is a question that nearly all doctors come in contact with, and I think it is one of the most important ones that we do come in contact with. The lump of the breast is usually put up to the general practitioner. We know that in the early age, about the time of maturity, we frequently find lumps that are benign and as soon as menstruation is established the growth will disappear.

There is one point that the essayist did not make, and that is that whenever you find a lump in the breast the less examination you make of that lump the better chances the patient has

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for life. Irritation is about the only known cause for cancer that we have, and whenever you find that lump and squeeze it up you injure the patient. The source of the poison of cancer is carried through the lymphatics and if you find such a lump and examine it time after time you express that poison, and it is carried to some other organ in a great many instances—I may say in the majority of instances. I arose only to direct your attention to this one point.

Dr. E. P. Hogan, Birmingham: Cancer of the uterus has attracted my attention for a good many years, and considering this subject of interest as occurring in the uterus I have been more or less interested in carcinoma as it occurs in the female breast. I have had a limited number of cases myself, but have seen quite a number of cases and I believe there are very few cases that give more encouraging results as a whole than do those of carcinoma of the breast if they are operated upon in time. I am very glad that Dr. Steele called attention to the fact that there are tumors of the breast that are benign. In a young girl we may find what appears to be a tumor of the breast and yet it is not malignant, and to subject that girl to any operation whatsoever is a questionable procedure. I have seen a number of cases in which the tumor occurred in the young, and yet in time disappeared. I have one young girl whom I have had under observation for a number of years and that tumor is no larger now than it was when I first examined it. Of course it may become malignant, but she did not wish to be operated upon. She was a young school girl when I first saw her and now is a young lady and married, but she does not wish to be operated upon. I keep the case under observation.

Another case is that of a lady who was operated on several years ago for carcinoma of the uterus, not by me, but by some other member of the profession in the State. She came to me about eighteen months ago and said she had been told that her right breast should be removed. I said to her, "If we remove the right breast why not remove the left also; it is just like the right." That is a case where the woman had been operated upon for carcinoma of the uterus and one would expect a metastasis, but the fact that it had gone eight years caused me to hesitate. I did not want to remove both breasts and yet I could not conscientiously remove one without removing both,

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so I suggested that we operate and remove what appeared to me to be a cyst and subject it to an examination. It appeared to me to be a cyst and I told her frankly. I suggested that we remove this and send it to a pathologist for examination. She did not want to have that done. She had no objection to having one breast removed, but objected to having both. I would not remove one breast, so she has the cyst in the breast now, and I have her under observation.

I believe you want to individualize your case and study your case, and I think that the position taken by the essayist, that rather than neglect a carcinomatous condition it is better to remove a breast for a benign condition is right. If you neglect a carcinomatous condition there is absolutely no hope. If that goes until the axillary and cervical glands and the supraclavicular glands are involved, and you have possible metastases in other places, there is no hope. The only thing is to remove the carcinomatous condition, either by the cautery, or by complete excision at the earliest moment that you decide that it is there, and every possible thing should be done to ascertain that it is malignant—that you are not dealing with a non-malignant condition, before the operation is declined. I believe it is better to remove a benign condition rather than to take the chance of its being malignant, unless you are going to individualize that case and keep the case under observation. It is, unfortunately, true that there are some cases that you cannot keep under observation. If you can reasonably and conscientiously decide that the condition is malignant, go ahead and remove it and thus relieve the patient of this horrible disease. I think there is no disease more horrible than this disease of the mammary gland or the uterus, with its horrible results. I do think we ought to individualize the case, and in the cases where there is just a little tumor I question whether it ought to be removed or not. Yet there are those who say that when you cut into the gland you ought to submit it to examination immediately, and get your pathological report made, and if it proves to be malignant remove it, and that if you take the chance of removing it later the chances of the patient are not so favorable. But I believe that by individualizing the case you can come to a decision that is reasonably sure as to whether it is malignant or not, and that then you can operate at the proper time.

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Dr. I. L. Watkins, Montgomery: I think we all feel like saying something about this paper. The importance of the subject and the fact that the line of demarcation between pathology and physiology is so sharply drawn makes it necessary that we favor surgery. I do not believe that it is necessary to cut off and destroy everything because it is in the neighborhood and may be bad. I think it is proper to remove all malignant growth and benign glands as well,—I mean neoplasms, I don't mean tumors. I don't think we ought to remove tumors necessarily, but neoplasms should be removed unless there is some good reason for them. I do not think all tumors of the breast are malignant or ever will become malignant. We all know that we have changes in the breast that we don't know much about, due to internal secretions, and we know that at a certain period of life we will have different characteristics of the breast, and these different characteristics may confuse us. I know women who have had both breasts removed. In one case where the woman was to have one breast removed, while she was on the table the same condition presented in the other breast and it was also removed. I know the dangerous ground I am treading on, but I will say that I want the profession to appreciate the difference. I do not think that removing a woman's breast is a simple thing, and it should not be done unless it is necessary. I know from a short experience, and I have been thinking about these things for a great many years, and if I live I expect to increase this experience, but I can count today at least a dozen cases in which removal of the breast has been advised without good cause. Others have come to me with sore breasts, and the suggestion has been made that the breast should be removed. I don't mean this as a reflection on any brother—I mean what I say and nothing else. I can count on the fingers of one hand women who have come to me and said that they had been told they must be operated upon and they wanted to know what I thought about it. I make an examination and say, "Let your breasts alone; you don't need operation." I can count three or four cases like this that have been going on for ten or fifteen years. So far as I know I have not yet made a break, but if I keep it up long I will do so. I don't know whether I have done the proper thing, but I have saved these women from being operated on for cancer and the women have their breasts. My

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explanation is that at about the menopause there are changes going on, malnutrition, etc., and those breasts will have those changes and the men who are removing neoplasm of the breast will remove some of those. They should be differentiated from the tumors of the breast, and just because you feel in the breast a little hard place, there is no need of scaring the woman for if you leave it alone within a few days or a few weeks you can show the same thing in the other breast. I do not mean that cancer of the breast should not be removed, but I want you to understand that it is not necessary to remove anything that is physiological. I want to say that the breast itself is a tumor. It is a fact that I have seen a few women in the last ten years, some of them patients of my own, friends, who have been told that they must be operated upon or they took their life in their own hands. I am saying this to show you that there are many things in the human breast that will never become a cancer. It is our duty to study these things that occur around about the menopause when metabollic changes are going on in the glands. I think we make a mistake if we operate upon a woman about that time without serious consideration.

Dr. W. C. Maples, Scottsboro: It has been my rule for a good many years to advise the removal of every tumor about the breast, because I have seen so many bad results from neglect, but I had a case two or three years ago which showed that you can have a very considerable tumor or lump that will go away entirely. A woman had a good sized lump and I was very anxious about it, but in the course of two months it entirely disappeared. I think it was an inflammatory affair. I think tumors as a rule should be removed.

Dr. Gewin (closing): I am sure we all feel the importance of this subject and I think we should all practice conservatism as to which cases should be operated on and which should not be. That is the question for the individual surgeon. Every man should take the whole responsibility himself. If he is sure that the growth is benign, that it is a mastitis, and is willing to back his judgment up, it needs no operation. But if he is in doubt he should use every means to tell whether it is malignant or not. I agree with all the doctors that where the case is non-malignant it needs no operation, but we want to be sure we are right and when we are sure we are right we can back it up.

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SURGERY OF THE PROSTATE WITH SPECIAL REFERENCE TO LOCAL ANESTHESIA—DEMONSTRATION WITH LANTERN SLIDES.

D. C. Donald, M. D., Birmingham.

The end results of prostatic surgery depend to a great extent on the care that is given the patient during the pre-operative and post-operative stages, the skill and judgment that is used by the surgeon at the time of the operation. The greater number of cases requiring relief from the effects of enlarged prostate are beyond the age of sixty years, here at this stage of life we are confronted with a normal condition—age of the patient which is naturally on the decline—plus the abnormal condition the enlarged gland, which has slowly grown to a size to obstruct in part or completely the output of such an important organ as the urinary bladder. When such obstruction has taken place the manner of treatment may be divided into local or palliative and radical. Local treatment which constitutes daily catherization and irrigation of the bladder besides inconvenience on the part of the patient and physician, the inevitable cystitis with its series of symptoms and complications will very likely come. The radical or logical treatment is surgical removing one or all the lobes of the prostate which seem to be producing obstruction. Routes which have been the choice for removal are the suprapubic and perineal. In this paper I will only discuss the surgery of the prostate through the suprapubic route. Here better results are obtained if the surgeon has the patient under observation and treatment for several days or weeks prior to the operation to build the resistance of the patient and get at a basis of about what he can care for in a surgical way. If there is any degree of cystitis or prostatitis it is always best to relieve the local infection and if this cannot be done successfully by daily catheterization and irrigation of the bladder, urinary antiseptics by mouth, rest in bed, we should resort to suprapubic cystostomy. In the cases requiring relief from the enlarged prostates the organ may vary much in size and the lobes that are involved. A gland may

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range from a size great enough to prevent the bladder from emptying in part or totally blocking the organ. Cases suffering with enlarged glands with demand surgical relief should be tested as to the renal efficiency. Give phenol-sulpho-thalein in 1 cc. doses or indigo-carmine 20 c. c. of 4 per cent solution but I find it more satisfactory using phenol-sulpho-thalein, as the technique of estimating the percentage of its output is simpler than that of the latter. Give it intra-muscularly and if the excretion from the kidney for the first hour is less than 20 per cent of the drug, operation should be postponed and careful medical attention given the patient, such as rest in bed, fluids freely, non-stimulating diet and good elimination from the bowels. Often in these cases with a low renal excretion it is due to a congestion of the bladder from the effects of the enlarged prostate. If true and this congestion cannot be relieved by palliative methods as will be described later perform a supra-public cystostomy and treat your patient medically until the renal picture is improved where the operation will not be hazardous to him.

The local or palliative treatment to clear up the irritation and infection of the bladder which has come about from the effects of the non-emptying of the organ in the presence of bacteria invasion, which has gained entrance by direct infection through the urethral route from self-instrumentation or through the efforts of a physician and often through the lymph and blood streams, we have the most gratifying results draining the bladder frequently and irrigating with antiseptic solutions among which most popular are bichloride, nitrate of silver and boric acid. In cases of cystitis with finding the colon bacillus in the urine as the active organism, internal administration of Bulgarian Tablets and injection of a mixture of two or three of the tablets of 7½ grains each dissolved in one or two ounces of sterile water into the bladder cavity every two or three days until the infection has been relieved works admirably. Aside from the above local treatment the patient should avoid too great exercise and if possible should remain in hospital where he can have the treatment done successfully. Any cases that show an unusual degree of infection of the bladder, draining the bladder through supra-pubic route until all infection is relieved hastens the progress for a radical prostate operation and the two stage operation should be considered in

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cases that show a marked degree of infection with poor drainage after failure with the above local treatment, and in clean cases that have very weak resistance where attempting the opening of the bladder and removing the gland at one sitting will embarrass the resistance of the patient. In this last class of cases perform your supra-pubic cystostomy and at the end of seven days or longer with daily irrigation of the bladder and after the shock of the first stage operation and infection has been overcome go in through the same opening, remove the gland and here we can offer the best prognosis for this class of cases.

Relation of prostate work to the blood pressure will say unfortunately have only followed out getting the blood pressure picture in two cases.

Here the reports are as follows:

Case No. 1.

Pre-operative	165 M.M. systolic
Operative	175 M.M. systolic
Post-operative	160 M.M. systolic
First 24 hours	150 M.M. systolic

Case No. 2.

Pre-operative	170 M.M. systolic
Operative	180 M.M. systolic
Post-operative	175 M.M. systolic
First 24 hours	155 M.M. systolic

You will see in the above recorded cases not much can be said regarding producing a striking difference from the normal, only we might add an increased blood pressure during the operation can be accounted for from the injecting solution, which will be mentioned later in the paper and, too, the psychic effect has some weight on the blood pressure picture, especially so in the latter reported case.

Operation.—Two nights prior to operation give patient a saline purgative, day before soft diet, day of operation no nourishment. Two hours before ten grains of anesthetin is placed in the rectum. One and one-half hours before going to the operating room, morphine 1/6 grain, scopolamin 1/200

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of a grain, antropin 1/150 of a grain is given by hypodermic. The bladder is irrigated with a warm boric acid solution until the return fluid is clear. Leave as much of the irrigating solution in the bladder as the patient can comfortably retain. My anesthesia consists of one-third of one per cent solution of novocain. If novocain is not available one-fourth to one-sixth per cent cocain solution is used. Sixteen minims 1/1500 strength adrenalin chloride solution is added to the ounce mixture. An ordinary Leur's syringe is used for the skin and subcutaneous tissue with a longer needle for the remaining abdominal wall.

My incision extends from the level of the pubes to a height in the median line to give room for ample work. Extend the incision down through the prevesical space, cocainize the bladder well for a distance of three inches, insert heavy needle threaded on No. 12 silk on each side of the bladder which is to be used as retractors. Incise the bladder extending incision upward and downward to and slightly behind symphysis pubis. After all the fluid has escaped from the bladder cavity and the residual fluid has been swabbed away saturate a piece of absorbent cotton in the solution and place in the bottom of bladder on a long pair of forceps and allow to remain five to seven minutes. This overcomes the acute sensitiveness that is present on handling the bladder mucosa. Place in long retractor, next step examine the condition of the prostate to determine what lobe is involved or the entire gland. After viewing gland I select five points for injection. First, just below the internal urethral orifice, allowing needle to stop after entering the bladder mucosa, injecting about ten minims of the solution, push needle onward and downward towards the base of the bladder into the false and true capsules injecting 10 to 20 minims, going into the gland substance injecting 30 to 40 minims. Make a puncture on either lateral lobe in similar way and either side of urethra about one-fourth of an inch down its canal. After the gland is injected which in all about 4 drachms of the solution has been used its natural pinkish color has been replaced by an enlarged faint anemic colored gland. Wait for three to five minutes to get a good anesthesia, with left hand in bladder to aid retraction. With a long pair of scissors make incision 1½ inches, beginning at the orifice of the urethra and bladder mucosa, extend it downward to a level with lower

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border of the gland through the bladder mucosa false and true capsule. Remove the left hand from bladder cavity, insert the index finger of left hand in rectum to push forward the gland, and with the right index finger in the opening of the capsule my enucleation begins by passing from the patient's left side over the gland, including right side of gland. Unless I encounter a great deal of adhesions the gland can be removed en masse. Capsule is packed with long piece of gauze which extends out through the supra-pubic opening. Retention catheter is left in the urethral canal for several days for irrigating purposes. In regard to closure of the capsule bladder and abdominal walls will say have gotten better results where I did not attempt any suturing. Chances for infection along the suture line is eliminated.

The value of local anesthesia is that the shock of such an operation is less, the post-operative renal picture is eliminated and with the aid of the adrenalin chloride hemorrhage is reduced to a minimum.

DISCUSSION.

Dr. C. W. Shropshire, Birmingham: The choice of operation in chronic hypertrophy of the prostate gland, has produced the most masterful arguments in medicine, and the question has not yet been settled. Doctors Young and Garighty, of Baltimore, obtained wonderful results with the perineal operation and other gentlemen of equal prominence report brilliant results with the suprapubic route.

Pre-operative preparation is of greater importance in work on the prostate gland than the operation itself. For anyone can, with comparative ease and little practice, remove the prostate gland suprapubically.

In prostatic surgery, judgment in the last analysis counts for all, for the important point is, when to operate.

The average catheter life is two years, so in my mind there is no question of palliative treatment.

Pre-operative treatment may be divided into local and general. The local treatment consists of the gradual release of pressure within the bladder ureters and kidney pelvis, with a diminution of the amount of residual urine and the removal of infection in the form of cystitis of posterior urethritis.

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The general pre-operative treatment would consist of rest and the removal from the patient's body of as much toxic and irritating material as possible.

For the local treatment, drainage and drainage only, is the important point. This can be carried out in several ways; first, the indwelling catheter; second, the punch through the anterior bladder wall; and third, suprapubic cystostomy. Irrigations are, to my mind, of questionable value, as are also the use of antiseptics by mouth. Dr. Donald mentions the injection of the Bacillus Bulgarius in colon infections and Judd uses the colon vaccine.

Functional tests using either the phthalein or indigo carmine, are of absolute necessity, and no case should be operated on with a low functional output.

Life Dr. Donald, I prefer the phthalein, but where it is impossible because of pathologic changes, to catheterize the ureters I use the indigo-carmine. However, and this is an important point, I always reinforce my opinion with a second or third functional test and a twenty-four hour estimation of total solids.

With the cystoscope important data concerning enlargement of the lobes within the bladder, may be obtained, and at the risk of being criticised by some, I am going to say that I make a cystoscopic examination on all of my patients. Before leaving this part of the subject, it may be well to say that infection in most cases is due to retention—following the general rule throughout the body of stasis first, and infection second.

Would like very much to have seen a diastolic blood pressure record in Dr. Donald's cases, and think that in future I will attempt to collect some facts on this important subject.

In the operation performed under local anesthesia, there is an advantage in some cases, but for the average case a general anesthetic is the anesthetic of choice. I have never considered that my patients were harmed in the least by gas and oxygen, which is the anesthetic I use.

The operation described by Dr. Donald is not unique, but is the usual operation of suprapubic prostatectomy. My only deviation from his technique is the following, which is an important point: I remove a circular piece of mucous membrane from around the urethral orifice, to prevent post-operative obstruction. When a pack is indicated, the Pilcher bag is

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used. In the event that the bleeding is slight, no pack is employed and no catheter is left in the urethra, for I believe that it favors post-operative hemorrhage and infection.

The pack used by Dr. Donald is inferior to the Pilcher bag for the following reasons:

First, it favors infection by the retention of moisture; second, it favors hemorrhage during its removal, and third, it causes severe pain in most cases.

I do not suture the capsule, but I do close the bladder around my drainage tube and lastly, I use mechanical drainage.

The use of irrigations following prostatectomy, are contraindicated, unless the hemorrhage is so severe as to endanger the patient's life by overdistention of the bladder. I do not use irrigations because they favor secondary hemorrhage when oozing is present, and because they tend to spread infection.

Dr. Oswald S. Lowsley, New York: Before I start my paper I would like to congratulate Dr. Donald on having grasped one of the points that the urologists are trying to teach the general surgeons, and that is the pre-operative care in these cases. Dr. Donald has pointed out that in a splendid way, and I congratulate him in not only having grasped that fact himself but in having helped me preach that doctrine in handling these delicate old gentlemen.

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THE EMBRYOLOGY, MORPHOLOGY, PATHOLOGY AND SURGERY OF THE HUMAN PROSTATE GLAND.

OSWALD S. LOWSLEY, A. B., M. D., New York.

This paper is based upon a study of some 500 prostate glands. including specimens taken from the embryo, from cadavers of all ages at routine autopsies in Bellevue Hospital, and also glands removed at operation both by the suprapubic and perineal routes.

The prostate originates from five independent groups of tubules which begin to develop in the wall of the posterior urethra at about the twelfth week of intrauterine life. (a) The middle lobe is usually made up of about nine or ten tubules originating on the floor of the urethra between the bladder and orifices of the ejaculatory ducts. There may be an absence of the middle lobe in which case there is an ingrowth of tubules from the lateral lobes. (b) The posterior lobe is an independent structure being made up of about twelve tubules which originates from the floor of the prostatic urethra below the orifices of the ejaculatory ducts. They grow posteriorly behind the latter structures and are in no sense a glandular commissure as they are definitely separated from the other parts of the gland by a lamella of connective tissue. (c) The anterior lobe is fairly large until the sixteenth intrauterine week after which it seems to decrease relatively in size and importance. At birth it is very small. (d) The lateral lobes are made up of an average of 16 tubules on each side.

The so-called accessory or contiguous structures are interesting and as their development and later changes are quite important they will be briefly mentioned.

The subtrigonal mucous glands are noted as early as the twenty-second week of intrauterine life and are comparatively few in number, the average in all embryological specimens studied being six.

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The subcervical glands of Albarran occur in all specimens older than the fifteenth week of intrauterine life. They average twelve in number during this period.

The seminal vesicles originate at the thirteenth week and appear at first as an evagination lateralward from each vas deferens. They grow backward and laterally consisting of a main part which is convoluted and from which rather numerous, short convoluted branches grow out as described by Pallin.

The vasa deferentia and ejaculatory ducts are at first exceedingly large comparatively speaking. Later on as the embryo becomes more mature they are outgrown by surrounding tissues and hence are comparatively smaller. As these structures approach the lumen of the urethra its floor is pushed up into a mound converting it into a semilunar shaped passage and forming the verumontanum.

Before the fifth month the utricle in nearly every instance extends to the base of the prostate. After that age it is usually found only in the tip of the verumontanum.

In the wall of the urethra just at the apex of the prostate and a little below it there are found in the older specimens delicate tubules with a few branches. They are not connected with the prostate and extend only slightly into the muscular walls of the urethra. They disappear lower down in the urethra.

In early embryonic life the peritoneum covers the posterior surface of the prostate and seminal vesicles extending as far as the apex of the former. Later on this peritoneal sac becomes pinched off as is beautifully shown by several of the late Dr. Franklin P. Mall's specimens and has been described by a French writer, Denonvilliers, whose name the resulting fascia bears.

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Table Showing Number of Prostatic and Other Tubules Which Enter the Urethra.

No.	Age of Specimen.	Middle Lobe.	Lateral Right.	Lobes Left.	Post. Lobe.	Ant. Lobe.	Total Prostatic Tubules.	Subcervical Glands Albarran.	Subtrigonal.	Apx Group.
1	2½ months intrauterine	0	0	0	0	0	0	0	0	0
2	3¼ months intrauterine	12	30	19	11	12	14	0	0	0
3	— months intrauterine	7	13	14	6	13	53	0	0	0
4	4 months intrauterine	10	23	23	4	14	74	6	0	0
5	4½ months intrauterine	0	21	21	10	7	59	11	5	0
6	7½ months intrauterine	11	18	18	9	8	64	9	4	12
7	At birth	9	17	17	11	2	56	19	9	19
8	4 years	12	10	14	11	5	52	33	23	26
9	4 Years—Dr. Vance's spec.	7	11	12	8	4	42	39	?	?
10	17 years	12	11	11	12	5	41	43	32	16
11	35 years	7	15	11	11	4	48	31	38	9
12	76 years	10	12	12	11	5	50	33	21	12
	Average	10	16	16	9	7	58	25	19	15

The prostate lies behind the second portion of the rectum at the neck of the bladder, which it surrounds posteriorly and laterally. It is firmly attached to the vesical orifice and urethra and is encircled by the prostatic fascia. It is held in position by several structures. Its apex is suspended superiorly by the puboprostatic ligament which connects it with the pubic bone on either side. The anterior surface is separated from the symphysis pubis by a space 1.5 cm. to 1.1 cm., gradually increasing from above downward, filled chiefly with a fatty cellular substance and a dense venous plexus. Inferiorly it is joined to the rectum by the recto urethralis muscle, which is a reflection of the anterior portion of the levator ani muscle. The deep layer of the triangular ligament aids in fixing the apex because it invests the membranous urethra and is attached to the prostate. The lateral borders of the gland are embraced by portions of the levator ani muscle, which are separated from direct contact with it by a plexus of veins.

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The shape of the prostate changes markedly during various stages in its development. At the very first appearance during the latter portion of the third intrauterine month it exists as a cylindrical mass surrounding the posterior urethra, the mass being a little more pronounced on its posterior aspect. About the seventh month the lateral borders near the base becomes quite bulging in character due to the fact that the lateral lobe tubules grow more extensively than do those of other portions of the gland. At the time of birth the gland is slightly more flattened than during the seventh month and also a little larger. Between the time of birth and the beginning of puberty there is very slight change in the shape of the organ. During the adolescent period the prostate changes markedly. It loses most of its rounded appearance and rapidly assumes the appearance of the adult organ. The length of the prostate in every instance is greater than its thickness and always less than its width.

In shape the adult prostate has often been likened to a horse-chestnut flattened on one side, but this comparison seems to be insufficient. Its posterior surface is triangular and flattened. It usually has a depression extending longitudinally in its mid-line, which is most prominent towards the base of the gland and rarely, if ever, exists at the anterior one-third. Its upper border or base bulges on each side as do the lateral borders. The anterior surface is rounded and most of the vessels of the prostate occur here and at the lateral borders, a very few being found on the posterior surface. Geometrically the prostate has been called an oblate conoid or truncated cone.

The size of the prostate shows marked changes at various stages in its development as has been pointed out in another communication. The development from the actual period of origination until the time of puberty seems to be upon the whole a fairly regular and gradual increase in size. At five years of age the gland is surprisingly little larger than it is at birth. The average length during the first half of the first decade is 1.2 cm. The width is 1.5 cm. and length 0.9 cm. Cuthbert S. Wallace states "at the eighth year the prostate has increased somewhat in size, and taken on more or less the adult form, but the glandular elements are but scantily developed. Between twenty and twenty-five years the prostate is fully developed and becomes an essentially glandular organ."

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My investigations do not entirely bear out these statements as observations on fifty prostates between the ages of birth and twenty years seem to indicate a rather gradual increase in the number and size of branches of the tubules and at the time of puberty there is a tremendous increase in the size of the tubules.

During the second decade there is a very great increase in size. Ten specimens over fifteen years and under twenty average 3.0 cm. in length, which is more than twice that of the average prostate during the first decade. The average width is 3.8 cm. and the thickness 2.1 cm.

The proper way to consider the size of the prostate seems to be to group the various specimens into decades and the figures obtained have been arranged in a table. Inspection of this table shows that the prostate gland reaches adult size during the third decade. Changes occurring after that period are comparatively slight. The average length is 3.3 cm., width 4.1 cm. and height 2.4 cm.

The figures quoted by all authors seem to vary slightly. Wilson and McGrath consider the average adult prostate to be 3.4 cm. in length, 4.4 cm. in width, and 1.5 cm. in thickness. Weight 16 or 17 grams. Cuthbert Wallace places its dimensions at 3.0 cm. for length, width 3.6 cm., thickness 1.8 cm. Average weight 20.5 grams. Sir Henry Thompson states the average measurements in fifty normal adult prostates to be as follows: Length 1.4 inches, width 1.75 inches, thickness 0.7 inches, weight 4 drachms and 38 grains. These figures correspond fairly well with those of Deschamps, Senn, Dr. Gross, and Dr. Hodgson, but are somewhat smaller than those of Duputren.

During the fifth decade and sixth decade in life there seems to be a slight increase in all of the dimensions of the prostate but considering all specimens this only amounts to a few millimeters. During the period of old age there is a drop back in size so that these specimens resemble those of the third decade more closely than any of the others. It is noticed in examining the glands of this period that they are either a little smaller in size and more atrophied in appearance than those of the preceding period or a little larger and inclined to have the appearance of a hypertrophied condition. The specimens of this period have more abnormalities than those of any of the others.

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56.1 per cent of all specimens observed showed some deviation from the normal. 33 per cent of the prostates over 60 years of age show more or less a condition of adenomatous hypertrophy.

The most important thing about an operation for the removal of the prostate is the decision as to the proper time to operate. This decision is based upon the various tests which indicate kidney efficiency. The first and most important test is the phenol-sulpho-nepthalein test described by Geraghty and Rountree as an intramuscular injection of 1 cc. of the drug appears in the urine of a person who has normal kidneys within ten minutes and there is a secretion from 40 per cent to 60 per cent within the first hour, and from 10 per cent to 20 per cent in the second hour. More than one of these tests should always be made. The second test is a chemical examination of the blood to determine the amount of non-protein nitrogen retention.

The third and most important examination is that of a twenty-four hour specimen to determine the amount of substances actually being given off in the urine. A preliminary examination of the patient suffering from an enlarged prostate usually shows that the patient has had more or less damage done to his kidneys by the back pressure which accompanies the obstructive tumors. In such cases drainage is necessary. This may be accomplished either by a retained catheter strapped in the urethra with adhesive or by means of a surprapubic cystotomy. If there is little or no irritation or annoyance from the former procedure that is a method of choice, regardless of which operation one decides to perform because it permits the patient to be up and move about freely and even attend to his business affairs.

Cystoscopic examination is the real means of determining the suitable operation. I make it a practice to perform the perineal operation, after the method of Young, unless there is a particular contraindication. I consider the presence of a large calculus in the bladder or marked enlargement of the subcervical group or a very marked intravesical intrusion of the prostate to be sufficient reason for a suprapubic operation.

In operating after the method of Young the patient is placed in the lithotomy position, an inverted V incision made in the perinæum and the incision deepened into the fossæ by blunt

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dissection. The central tendon is then cut and the urethra exposed. Incision into the membranous urethra is made upon a previously inserted sound and a Young tractor introduced into the bladder and opened. The recto-urethra muscle is then incised.

This muscular structure attaches the apex of the prostate to the rectal wall and must be divided otherwise there is danger of tearing through the wall of the rectum into that viscus. One recognizes the posterior surface of the prostate, upon separating the levator ani muscle, by the glistening fascia of Denonvilliers which clings tightly to it.

In order to penetrate the lateral and middle lobe areas, the portions in which the hytertrophy occurs, one must make the lateral incisions entirely through the lamella of tissue which separates the posterior from the two lateral lobes. If these incisions are not made deep enough the enucleating finger or instrument will impinge on the proximal surface of the lamella and the enucleating instrument will be led to the lateral capsule of the prostate where great damage will be done if force is used because of the fact that the capsule contains many large blood vessels which if ruptured may add materially to the hemorrhage resulting from the operation. The enlarged middle and lateral portions of the prostate are removed through the two lateral incisions leaving the ejaculatory ducts unharmed in the bridge of tissue between the two incisions. The cavities are easily and efficiently packed with gauze which may help materially to diminish the hemorrhage. There is a particular word of caution to the operator performing this operation, and that is that there must be an especial effort made to examine for and remove an enlarged subcervical group at the vesical orifice. Sometimes the removal of this structure is very difficult and I have seen three cases where it was necessary to do suprapubic cystotomy in order to accomplish this.

The perineal prostatectomy is more difficult to perform, requires somewhat complete knowledge of the anatomy of the perineum and great care in observing the points just set forth. It has the advantage of being an operation performed under sight, and opportunity to pack thoroughly the cavities from which the large lobes of the prostate have been removed, and affords very much better drainage.

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In the suprapubic operation the intraurethral enucleation follows more closely the anatomical structures involved than does the procedure recommended by Freyer, i. e., of making an incision into the most prominent part of the gland and commencing the enucleation at that point. In the intraurethral method which simply consists of introducing the finger into the urethra which usually splits in a central direction and carrying the enucleation laterally in both directions commencing at the involved structure on either side until it is entirely free. This removes the lateral and middle lobes and the subcervical group all in one mass and does not particularly damage the sphincteric ring as happens in the procedure of Freyer.

I have examined a great many specimens removed by the suprapubic route and find that practically all of them have carried away with them the very uppermost portion of the verumontanum down to, but never including, the ejaculatory ducts. The reason for this is that the ejaculatory ducts are imbedded in the lamella of tissue separating the posterior lobe from the rest of the prostate and hence cannot be removed without a special cutting operation done with this particular purpose in view.

The disadvantages of the suprapubic operation done by any method are: the poor uphill drainage, the fact that it is a blind operation and also because there is more hemorrhage due to the necessary laceration of the very vascular trigonum and vesical orifice and the difficulty in properly packing the prostate cavity. Following the suggestion of Dr. David W. Mackenzie, of Magill University, Montreal, before closing the incision in the bladder after the suprapubic operation I always put the patient in the Trendelenberg position and with wide retraction examine the bed of the prostate, clamp and ligate any bleeding vessels observed. Hemorrhage is very much less and the loss of a patient from that cause is almost impossible because any severe bleeding may be curbed at once.

The advantage of the suprapubic operation is the simplicity of the procedure by which the operation is performed.

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Table Showing Frequency of the Occurrence of Middle Lobes.

SPECIMENS.	Number of Definite Middle Lobes.	Questionable Middle Lobes.	Middle Lobes Definitely Absent.
Twenty cadavers in Dr. Mall's laboratory	20	0	0
Ten fetuses	9	0	1
Thirty-three enlarged prostates in museum of Brady Institute of Urology	31	2	0
Forty autopsy specimens of enlarged prostates in Guy's Hospital, London	37	3	0
Three hundred and fifty post-mortem specimens, Bellevue and Post Hospital, N. Y.	350	0	0
Total	447	5	1

In a small series of cases I have tried to combine the advantages of a suprapubic removal of the prostate with the decidedly preferable method of perineal drainage. My method of procedure has been to put the patient in the lithotomy position and prepare both the surprapubic and perineal regions for operation. Under nitrous oxide and oxygen anesthesia a suprapubic cystotomy is performed and the prostate removed by the intraurethral method. An instrument is then passed into the bladder and an external urethrotomy performed rapidly, a perineal tube inserted into the bladder and sutured into position. The bladder wound is then sutured tightly or a small catheter may be left in for a few days and the bulk of the drainage accomplished by means of the perineal tube. The results thus far have been quite encouraging. Seventy-five per cent of the cases recovered completely after a short period of convalescence. Among the other twenty-five per cent a number of complications occurred. One man died of pneumonia, another had his wound break down and drained through a suprapubic fistula for three weeks, after which he healed and had a splendid result.

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I shall report this procedure in greater detail when I have a longer series of cases.

In conclusion one must emphasize three important matters in connection with the surgery of the prostate gland.

(1) The most important feature of surgery of the prostate is proper pre-operative preparation. This may be accomplished either by suprapubic cystotomy or a retained urethral catheter. The functional power of the kidneys is determined by:

(a) An examination of the 24-hour specimen of urine to determine the actual output of waste products.

(b) An examination of the blood to determine the retention of waste products.

(c) Phenol-sulpho-nephthalein estimation to determine the functional activity of the renal epithelium.

(2) The next most important thing is the anesthetic. Cocaine or novocaine should be used whenever possible. Spinal anesthesia has been largely given up. Chloroform should never be used under any consideration, as it produces so much organic destruction particularly to the liver, that the patient is almost sure to die in a week or ten days after the operation. Ether is very damaging to the kidneys and hence is used seldom. The most satisfactory anesthesia is nitrous oxide and oxygen, because it causes the least damage to the vital organs and while an occasional sudden death on the table has been reported, it is upon the whole the most satisfactory of all.

(3) The choice of operative route is to be determined by the cystoscope and rectal examination. I prefer the perineal route unless it is particularly contraindicated. The factors influencing one to choose the suprapubic route are: (a) Either a very small or extremely large intravesical intrusion of the subcervical group of tubules. (b) The presence of a stone too large to be removed through the perineal wound.

DISCUSSION.

Major Joseph Colt Bloodgood: I want to say something because I think it is a psychological moment and a great opportunity to say something in regard to prostatic surgery. Perhaps I am in a better position to say it than my colleagues who do the work. I do not do any prostatic surgery,—it is one of the greatest developments of surgery. I suppose we

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have in the country today more men properly trained in the proper technique of making prostatic surgery safe than any other country in the world. Therefore, if today we do not have good results in prostatic surgery it is not the fault of this wonderfully trained group, but the fault of the professional men who receive the case first. I trust it will not take us as long to educate ourselves upon the operation upon the prostate as it took us to educate ourselves upon the operation on the appendix. One of the gentlemen spoke of me as his teacher. Of course you know there are some uncles who are younger than their nephews and to judge from my dress I am of draft age. (Applause.) I want you to know that I have had a large experience with autopsies in prostatic cases. I came to Johns Hopkins in 1893, almost a quarter of a century ago, and I suppose we averaged from seventeen to twenty suprapubic cystotomies in the wards at all times.

I want to call your attention to two very important factors in the end results of delayed prostatic surgery, leaving out those favored few who have an immunity against all organisms and can stand the catheter. Suppose they can catheterize themselves for many years,—they are the few. There is the early group who have had frequent micturition not of many months duration, perhaps of a few months. I will not go on record as to the time because I can't remember. But I do remember one typical case that shows you the importance of pre-operative treatment, and the importance of handling these delicate cases properly. A man came in with low, precipitate, tear urine. He had a very large prostate and an enlarged bladder. We did not catheterize him. We removed the testicles and found no infection. Following that he had acute retention, frequent micturition with every ten to fifteen minutes the overflow. In twenty-four hours he had a chill, the urine became cloudy and he died in two or three days. What did we find? That both ureters from bladder to kidney were dilated, there was probably a column of urine,—bladder, ureter and kidney. Today that patient would have been recognized and there would have been the pre-operative rest. We would have known from the passing of the urine that he had a low kidney function. We would either have put in the catheter or performed a suprapubic operation under local anesthesia. But I don't want to get away from my important point of the early recognition. I

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brought up this question to show you that you have a great opportunity to see to the training of the military surgeon. One surgeon confines his attention to local anesthesia, although we know it makes the operation more difficult. The other dwells upon the embryology or pathology, the third speaks of drainage. They did not say much upon the operation itself. These men probably have in mind what all of us have as surgeons, that we are not operating but curing a disease. Those of us who do not operate in that line and are not trained, should try to do our part with those who have developed the skill in this line by letting them use their skill at a period in which the chance of cure is better. When I began my training my teacher, Dr. Halstead, thought prostatic surgery was dangerous; both suprapubic and perineal had been done with high mortality and he would not allow an operation. Now, if we bear in mind the proper treatment, the mortality has nothing to do with the surgeon,—it has everything to do with the doctor who sees the patient first. Be on the lookout for enlarged prostates. Do not think that there must be retention of urine or micurition every few hours. Every man who comes to you over forty or fifty, or older, bear in mind the prostate; look at the prostate with the end of your finger as frequently as the older physician looked at the tongue. I think that is a thing that should be emphasized to the profession today, when this surgery has been developed to its present point, to know that an enlarged prostate is no more a risk than an acute appendix.

Dr. Donald (closing): I don't know what advantage a circular incision around a mutilated urethra has over a straight incision. Both of them have an advantage over the old method, but where you go in and make your incision around the junction of the urethra and the bladder mucosa, some time is consumed, and if you make the incision straight down by the middle lobe you won't harm anything. The possibility of hemorrhage is no greater and the obstruction is no greater.

In regard to packing the capsule. In the picture I showed you this was done, but of course this is not the general rule. In general anesthesia this is seldom required.

Regarding the anesthesia, I really believe that combined anesthesia with gas and oxygen with local anesthesia is the best method.

I appreciated Dr. Lowsley's paper very much.

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Dr. Lowsley (closing): The question of post-operative irrigation is an interesting one in that it is surprising how many years it took us to learn a plain, ordinary physical proposition. Here we were in the most advanced age washing away the enzymes which stopped the bleeding! We kept those poor old fellows under irrigation for two or three days. The material came away a little blood-stained and we thought we were not getting much of the blood, but as a matter of fact we were draining them. Dr. Shropshire expressed that very well—don't irrigate them unless there is a mass of clots or something. It took us ten or fifteen years to learn that. One of the things we like to do when we stand up before any body of men is to repeat Dr. Osler's word, which was that a consultant's duty was to do one other thing and a rectal examination. We think any man over fifty should have a rectal examination whether he needs it or not. This will often prevent them being the delicate physical specimens which we see when they come to us.

Another thing has been a great lesson to me and that is that it is an important thing not to go out in the country and catheterize an old gentleman and then leave, serene in the fact that you have taken five ounces of urine away from the old gentleman, for in all probability you will be called to see the old gentleman again, as his urethra and bladder will be sealed up and he will never pass his urine again, perhaps; so I always leave a drain in. I saw an old gentleman the other day who had never had a prostatic examination. The fact that he was passing his urine rather freely made him thing he had Bright's disease. Of course he was passing his urine and he was bleeding from the prostate. When I saw him he was in coma with a bladder up to his umbilicus. The day before I left home to come here I sent this patient home draining; he could not stand a catheter. The urethral mucosa became irritable and we had to do a suprapubic cystotomy under local anesthesia. It really gives up more of a thrill than going to a football game or any of the other enthusiasms.

Before I sit down I want to again thank you and the society for this opportunity of appearing before you. It has been a great pleasure I assure you.

NOTE.—The papers of Drs. Beck, Donald and Lowsley were illustrated with lantern slides, but photos for cuts were not furnished.—*The Secretary.*

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THE TREATMENT OF SYPHILIS IN TUBERCULOUS PATIENTS.

JOSEPH A. ELLIOTT, A. B., M. D., Ann Arbor, Mich.

It has been recognized for years that syphilis and tuberculosis are frequently found in the same individual. The number of recognized cases, however, has grown tremendously with the advent of the Wassermann reaction. At the same time internists have become more alert in their search for clinical evidence of the dual infection. The literature is full of data as to the incidence of tuberculosis among syphilitics. Opinions, however, vary widely as to the percentage of cases showing both infections. Tedeschi[1] claims that 70 per cent of the cases of tuberculosis developing during a period of ten years in his prison service occurred on a leutic soil, while Letulle[2] reports 19 per cent of 346 tuberculous inmates of Bouchiecaut Hospital had positive Wassermanns. Bronfenbrenner[3] examined 193 syphilitics for tuberculosis with Besreka's tuberculous antigen and found that 83 cases, or 43 per cent were positive. Fifty-five of these were clinically tuberculous, while 28 were not diagnosed. In order to make a comparison with these figures he then examined 432 non-syphilitics and found 100 cases, or 23.15 per cent tuberculous. Thus, he concludes that tuberculosis is much more frequent among syphilitics than in non-syphilitics. This he attributes to the syphilis as such, or to anti-syphilitic treatment markedly lowering the resistance of the patients so as to make them more susceptible to a new infection of tuberculosis, or rendering them less resistant against the progress of the disease previously contracted. The foregoing percentages are somewhat higher than those of the average hospital. Lyons[4] examined 471 cases of tuberculosis and found that 6 per cent of these gave a positive Wassermann reaction. He does not state, however, how many of the negative cases showed evidence of syphilis upon examination. In the University Hospital we have found about three to five per cent of our syphilitics have shown evidence of Koch infection. This low percentage may be explained by the fact that a very large portion of our cases of syphilis are seen in the primary

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or early secondary stages of the disease. We have found tuberculosis to be more commonly associated with the older syphilitic lesions.

Before the advent of salvarsan mercury was the drug par excellence in the treatment of syphilis. Due to the fact that patients with both syphilis and tuberculosis showed improvement under mercurial treatment, a number of clinicians became over-enthusiastic about the use of this drug in the treatment of tuberculosis. Even as recently as 1908 Wright[5] reports a series of 65 supposedly uncomplicated cases of tuberculosis treated with succinimide of mercury injections, all of whom showed improvement. He also had 41 controls under the same hygienic treatment who did not receive mercury. The condition of these remained stationary. Previous to the institution of this form of therapy his death rate had been 11.29 per cent, which was reduced to 4.76 per cent following the administration of the drug. Thus he concludes, after observing these patients for a few months, that mercury offers great hope as a therapeutic agent in the treatment of tuberculosis. In order to further test the therapeutic effect of mercury Hartz[6] selected 14 cases of active tuberculosis to whom he gave mercurial injections. Within one year 12 of these cases, or 85.7 per cent died, while the other two had pulmonary hemorrhage. He states that for a time some of them showed a temporary improvement. This he could not definitely attribute to the mercury, but rather to the hygienic treatment. Eventually all patients began to deteriorate almost in direct proportion to the amount of mercury received. Many other observers have had similar experience and it is now generally conceded that mercury should be given with great care to the tuberculous individual.

Finally, realizing the dangers produced by mercury in the treatment of the dual infection, clinicians hailed the advent of salvarsan with great enthusiasm and many optimistic results have been recorded from its use. I wish to present the data on a few cases treated in the University Hospital with salvarsan.

CASE REPORTS.

Case 1.—Male, age 25. Examination revealed a maculopapular rash over the body with an involuting primary sore on

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the genitalia. There was a general adenopathy and the spleen was felt 2 fb. below the costal margin. Wassermann positive. Tuberculosis was not suspected. On entrance the patient was given .3 grams of arsenobenzol intravenously, following which he suffered no reaction, the temperature remaining normal each day for the following week. One week following his first injection, he received .4 grams of diarsenol intravenously. Eight hours after the injection his temperature reached 102 degrees with accompanying subjective symptoms. Two hours later the temperature had risen to 103.2 degrees. It gradually fell to 99 degrees the following morning. It again arose in the afternoon to 102 degrees. The patient was kept in bed and within ten days the afternoon temperature gradually became normal. He was referred to the Department of Internal Medicine, who reported tuberculosis of the left apex as evidenced by definite dullness, crackling rales, prolonged expiration and slight bronchial breathing. X-ray examination showed slight cloudiness in this region.

Case 2.—Female, age 63. Typical gummous ulcers of the left arm, one of which involved the radius, and gummous periostitis of the right tibia. Wassermann ++++. Suspected tuberculosis. The patient was given .2 grams of neosalvarsan intravenously, following which she suffered no reaction. One week later the patient received .25 grams neosalvarsan intravenously. In a few hours she felt slightly indisposed with headache and a slight rise in temperature. She continued to run a temperature from 99 to 100 degrees on each afternoon for four or five days, in spite of the fact that she was kept constantly in bed. At another weekly interval she was given a third dose of .25 grams neosalvarsan intravenously. Within six or eight hours her temperature reached 101.8 degrees. She began to cough and raise a considerable amount of sputum. Examination of this sputum for TBC. was negative. The gummous lesions showed marked evidence of involution. However, her afternoon temperature for the following week remained between 100 degrees and 101 degrees. At another weekly interval the patient received her fourth intravenous injection of .3 grams of neosalvarsan, following which she had the usual reaction. She was referred to the Department of Internal Medicine, who reported tuberculosis of the left lung. X-ray examination showed an old tuberculous process of the

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left apex externally to the medial portion of the lung. Five weeks after the patient's entrance into the hospital she was discharged, the gummous lesions having entirely healed. However, she was still running an afternoon temperature, and was losing gradually in weight and strength.

Case 3.—Male, age 30. Diagnosis lues hereditaria. Examination showed an old interstitial keratitis, slight bony changes and total deafness. Wassermann ++++. Lungs not examined. During the course of a month the patient received four injections of arsenobenzol, the initial dose being .3 grams, gradually increasing to .5 grams. During his stay in the hospital he showed no evidence of temperature or other symptoms that would lead one to suspect pulmonary involvement. He was discharged with instructions to take mercurial inunctions. The patient entered the clinic of Internal Medicine about a year later on account of pulmonary hemorrhage. Physical examination showed a marked involvement of the left lung. X-ray report: Unilateral involvement in an old tuberculous process. Entire upper left lobe is almost uniformly dense. The lower margin of the lobe is sharply outlined while all structures are lost in the upper portion. The middle lobe shows relatively few lesions anteriorly and centrally. Diagnosis, old tuberculosis, fibroid type. The patient remained in the hospital only a few days and the details of his death a few weeks later could not be obtained.

Case 4.—Male, age 40. Diagnosis, lues latens. Tuberculosis involving the uvula and posterior pharynx. Suspected tuberculosis of the lungs. The patient was given .3 grams of arsenobenzol, following which he developed a temperature of 101.6 degrees. At his request he was discharged from the hospital the following day to return in one week, at which time his temperature varied between 100 degrees and 103 degrees. In the meantime he had developed a severe cough, felt very badly and had lost slightly in weight. X-ray report: An old process of both apices with a recent process extending uniformly throughout the chest. Diagnosis, pulmonary tuberculosis. Grave prognosis.

Case 5.—Male, age 42. Presented a gummous lesion involving the soft palate. Wassermann ++++. Medical diagnosis: Tuberculosis of the left apex, confirmed by X-ray examination. The patient received .2 grams neosalvarsan,

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following which he suffered no reaction and stated that he felt better, having gained slightly in weight. One week later he received .3 grams neosalvarsan intravenously, following which he developed a slight cough. Due to this fact the interval between his injections was lengthened from one to two weeks, the patient receiving in all six injections. The cough increased in severity and the patient developed rather marked pleuritic pains, and when he was discharged was running a slight afternoon temperature.

Case 6.—Female, age 31. Examination showed an extensive follicular secondary syphilitic eruption, and a marked moth-eaten alopecia. Wassermann ++++ on both blood and spinal fluid. Suspected tuberculosis. The patient was examined three months previous to her entrance by an internist, who reported slight involvement of the left lung. She received .3 grams arsenobenzol. Twenty-four hours later her temperature was 101.4 degrees. One week later she received .4 grams arsenobenzol intravenously, with a rise of temperature to 99.2 degrees. The following week she received a third injection of .5 grams arsenobenzol with a slight rise in temperature. Following her fourth injection of .5 grams arsenobenzol she developed a pain in the chest which gradually increased in severity. Physical examination at this time showed an increase in the physical signs over both apices with distinct dullness at the left base. X-ray report: Tuberculosis of both apices principally of fibroid type. Changes at left base apparently due to an acute intercurrent disease.

Case 7.—Male, age 27. Maculo-papular eruption with a definite primary syphilitic lesion. General adenopathy. Wassermann ++++. The patient received .3 grams old salvarsan. Within a few hours the temperature reached 104 degrees. This, however, gradually fell to normal the following day. One week later he received a second intravenous injection of .3 grams old salvarsan, following which he suffered no reaction. At his next weekly interval the patient received an intravenous injection of .4 grams old salvarsan, following which he developed a temperature of 103.3 degrees, with accompanying subjective symptoms. On the next day his afternoon temperature reached 104 degrees. The third afternoon it was 102.8 degrees. The fourth afternoon it was 101.6 degrees, and gradually fell to normal. Physical examination showed rather

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marked changes in the left apex. X-ray examination was not made and the patient disappeared from the clinic.

Case 8.—Male, age 30. Tuberculosis of the right knee of ten years standing. Wassermann ++++. The patient was having only slight symptoms from the knee condition. He was given .3 grams of arsenobenzol intravenously. Within a few hours the knee began to swell, became red and extremely painful. At the same time the patient's temperature was elevated. Although the patient was not in the habit of taking opiates, he required a grain of morphine before any relief from the pain was obtained. He was sent to the Department of Orthopedics, where a plaster cast was placed on the leg. When the patient was visited the following morning it was found that he had removed the cast during the night by means of an iron bar on account of the excruciating pain. After suffering for ten days he entered the City Hospital in St. Louis and had the leg amputated.

Case 9.—Young girl, aged 16. Diagnosis: Lupus vulgaris of the chin and left hand dating since infancy. She was given .3 grams arsphenamine intravenously. Within two hours the lesions became swollen, of a bright red color, but not associated with subjective symptoms. This hyperemia with some edema reached its height in about 8 hours and gradually began to fade. The following day no evidence of the reaction remained.

Case 10.—Female, age 35. Medical diagnosis: Pulmonary tuberculosis. No TBC. found on repeated careful examination of sputum. Five years later the patient presented herself complaining of "tuberculosis of the skin." Examination revealed a diffuse nodular syphilid of the left shoulder and back, and right upper and forearm, also of the forehead. Marked leukoplakia of the tongue. Marked general adenitis. Tactile fremitus was elicited over the right front and back, most marked over the lower lobe, with signs of consolidation, many rales and tubular breathing. Under three injections of neosalvarsan the entire skin eruption disappeared. Simultaneously the lung signs and symptoms cleared up completely and the patient gained materially in weight. Today, four years later, she is in perfect health. Daignosis: Syphilis of the lung.

Case 11.—Boy, aged 15. Diagnosis: Lues hereditaria. Markedly stigmatized with active syphilitic arthritis of left

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elbow and wrist, and right wrist; also pain in left heel and nocturnal pain in right foot. Medical diagnosis: Pulmonary tuberculosis. Sputum negative for TBC. upon repeated careful examination. No focal reaction or rise in temperature resulted from subcutaneous injection of 8 milligrams of tuberculin. X-ray showed involvement of the left apex, with cavity in the left lower lobe. The patient received 4 weekly injections of neosalvarsan, the first being .2 grams intravenously, and subsequent injections being .3 grams. The patient's condition improved rapidly and he gained in weight. One year later the patient returned to the hospital perfectly well and having undergone considerable physical development. His treatment during the interval had consisted of mercurial inunctions. Diagnosis: Pulmonary syphilis.

Case 12.—Male, age 27. Examination showed emaciation, cachexia, weakness and cough. Retraction of chest above left clavicle. Necrosis of small bones of nose. Perforation of septum. Necrotic sinus extended from buccal cavity at site of canine fossa through the left antrum of Highmore and into the left nares. Wassermann positive on both blood and spinal fluid. Tactile fremitus was increased over the right front and back. Change in whispered voice over the third and fourth ribs in front. Definite impairment and marked cracked-pot resonance. Tubular breathing and moist rales. Prolonged expiration over both apices. Bases clear. X-ray report: Definite involvement of the left apex as low as the second rib, marked by stippling and a general haziness. Right apex relatively clear. Hilus shadows exaggerated on both sides. The patient received an intravenous injection of .2 grams old salvarsan from which he suffered no reaction. Following this first treatment the general condition became immediately improved, the cough became less frequent and less productive, and the night sweats were less severe. One week later he received a second intravenous injection of .4 grams old salvarsan from which he suffered no reaction. He had already gained considerably in weight. The night sweats had ceased. Subsequently he was given four weekly intravenous injections of .6 grams old salvarsan with continued improvement. He was discharged from the hospital, the tertiary process involving the maxilla having healed, leaving a permanent sinus. The signs of cavity in the right lung were diminished. Four

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months later the patient returned for observation. He weighed more than ever before. The night sweats had disappeared. He had no cough and felt perfectly well. Diagnosis: Syphilis of the lung.

Cases 1, 4, 6, 7, and 8, showed a rise in temperature following the first injection. In case 7, however, the reaction was more of the type of a toxic reaction such as is caused by the use of impure water in the salvarsan solution. In this case the temperature came down to normal within a few hours and remained normal until his third treatment, when he developed the typical temperature curve of a tuberculous patient.

Cases 1 and 8 showed rather violent reactions within a very short time after their injections.

Cases 8 and 9 (tuberculosis of the joint and lupus vulgaris), showed marked focal reactions which were similar in all respects to that which may be elicited by the injection of tuberculin.

Case 3 was unusual in that the patient showed no reaction whatever during his course of arsenobenzol, but returned a year later with pulmonary hemorrhages and died within a very short time. This apparently delayed exacerbation may be partially accounted for by the ignorance of the patient and the fact that he was totally deaf and a definite history of what had transpired during the past year could not be obtained.

Cases 2, 5, and 6, showed very much milder reactions than the previous cases, due to the fact that tuberculosis was suspected; the patients were given smaller doses, and in case 5, the treatments were administered at greater intervals of time. This brings up the point of dosage and intervals which should elapse between treatments where there is an obvious tuberculosis present in the syphilitic. Fordyce[7] states that small doses of salvarsan seem to have a tonic effect on tuberculosis and he advises .2 grams to .25 grams with an interval of two to four weeks, depending upon the severity of the infection.

Cases 10, 11, and 12 were diagnosed syphilis of the lung and all responded beautifully to specific treatment.

The above findings are not exactly in accord with those of all observers. In an analysis of 375 cases treated, Seiskind[8] states that he treated patients with hemoptysis and with phthisis in various stages without ill effect, and always with general improvement and an increase in weight. Klowkow[9]

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states that in the treatment of 12 tuberculous patients with salvarsan the pulmonary lesions of three showed improvement, while two lost their bacilli. Although some of the patients had a slight rise in temperature following their injections, he states that in the twelve cases thus treated, he could detect no ill effects which could be attributed to the salvarsan.

Hartley, [10] after treating 16 tuberculous patients with salvarsan, states that the pyrexia which had resisted all previous measures, responded beautifully to the drug. He cites four cases with charts in favor of the antipyretic power of salvarsan. Foguioli,[11], Bernard and Paraf,[12] Jacquet,[13] and others have also reported favorable results. Herxheimer and Altmann,[14] on the other hand, have reported a series of cases which so nearly correspond to my own that I give a brief review of them.

Case I.—Patient with a macular eruption over the body and lesions on the tonsil. Wassermann positive. One year previously the patient had a tuberculous gland on the left side of the neck removed surgically. This resulted in healing. Some months later a small hard, painless swelling appeared in this locality. The patient received .5 grams arsenobenzol intramuscularly. The following day he suffered a Herxheimer reaction. Two days later there was pain at the site of the swelling which soon became soft and showed slight fluctuation. On incision a caseous pus was obtained. A portion of this was injected into animals and the tubercle bacillus was recovered.

Case II.—Diagnosis, multiple cutaneous gummata. Ten years previously patient had pleuritis. Under two years of hygienic treatment this disappeared and the patient remained in good health. Lung examination negative. He received .5 grams arsenobenzol intramuscularly. Fourteen days later the gummous lesions had healed and the patient was discharged. He returned in four weeks with a recurrence and received .6 grams arsenobenzol intramuscularly. The lesions healed slowly. Three weeks after the second injection he developed a sudden temperature of 38.2 decrees C. with headaches, severe cough, and pain in the chest.

Case III.—Diagnosis, syphilis. No history of lung trouble was obtainable. Physical examination negative. The patient received .4 grams salvarsan intravenously. He returned in three weeks complaining of general weakness and showed

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marked emaciation. Physical examination showed dullness and increased rales at the left apex. X-ray examination showed a slight cloudiness of this area.

Case IV.—Physical examination of the lungs negative. The patient received .5 grams arsenobenzol intravenously. Five days later he developed a slight cough with sputum. On examination numerous fine moist rales were heard at both apices. Eleven days later the patient died as a result of a thrombus. Autopsy revealed encapsulated caseous masses in both apices and adhesions in the pleura.

In summing up these cases, Herxheimer and Altmann state that they all presented the same reaction, that is: the latent tuberculosis flared up while the luetic lesions healed under salvarsan therapy.

As a further test, they picked out four cases of lupus vulgaris to which they administered small doses of salvarsan. In each instance, within a very short time after the injection, they noticed a focal reaction which reached its height within four to six hours and gradually subsided.

Thus it is seen that Herxheimer and Altmann's cases reacted in every instance in the same manner as those which I report.

Wechelmann[15] has collected from the literature ten deaths occuring in patients with syphilis and tuberculosis treated with salvarsan, which he attributes to the treatment. Courmont and Durand[16] administered arsenobenzol (Bilion) to two patients, one a tabetic with fibroid caseous tuberculosis, in whom the treatment seemed to aggravate the pulmonary condition and diminish his weight. The second, who gave a history of numerous attacks of pleurisy, and who showed a consolidation at one apex, was much benefited. On numerous occasions examination failed to reveal tubercle bacilli. Culver[17] has recently described a case which on physical examination presented all the evidence of a clinical tuberculosis, without tubercle bacilli. This case responded within a very short time to neosalvarsan and mixed treatment. Thus, he justly concludes that this was most likely a case of pulmonary syphilis.

It seems very probable that many of the cases supposedly tuberculosis of the lung, who have responded to large doses of salvarsan, have been syphilis rather than tuberculosis. It is by no means an easy task to differentiate between syphilis and tuberculosis of the lung, as is evidenced by the symptoms and

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physical findings in 119 cases of undoubted syphilis of the lung collected from the literature by Wile and Karshner.[18] The symptoms in 103 cases were as follows: 98 cases had cough. 78 cases raised sputum., 39 cases had dyspnoea. 9 had hoarseness. 8 had chills. 51 had fever. 36 had night sweats. 42 had pain in the chest. There are hemoptysis in 42 cases. The physical findings were stated in 98 cases as follows: Both lungs involved in 33. Right apex 42. Right middle lobe 18. Right base 20. Left apex 45. Left base 28. 18 cases showed lessened movement, or retraction. 53 cases showed impairment. 61 cases showed rales. 27 showed cavity. Breath sounds were increased in 16 cases. Diminished in 16. There was tubular breathing mentioned in 21. Two showed pneumothorax. One showed pyopneumothorax. One had empyema. Seven cases had pleural effusion. There was friction in 3 cases.

Thus it is seen that both the symptoms and physical findings in these cases of pulmonary syphilis are parallel to the symptoms and findings in tuberculosis of the lungs.

CONCLUSIONS.

From the foregoing considerations, one can justly conclude that mercury should be used with great care in tuberculous patients, that the deleterious effect is not immediate, but appears several months after the institution of administration of the drug, as was pointed out by Hartz[6]. Therefore, salvarsan seems to be the drug of choice in such cases, but should be given in small doses at long intervals, inasmuch as the ordinary dosage accentuates active foci and is prone to cause a flare up in latent lesions.

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DISCUSSION.

Dr. Oswald S. Lowsley, New York: I would like to ask Dr. Elliott, first expressing my appreciation of having heard his report of these cases, whether he has made a study of the kidney function in the cases that have received salvarsan, or whether he knows of any such study having been made by anyone else. We all know that salvarsan is excreted to a certain extent in the urine; you can see it and smell it in the urine, but so far as I know there has been no study of the kidney function or the damage which may be done by salvarsan to the kidney function.

Dr. H. S. Ward, Birmingham: I did not rise to discuss the paper, but to express my appreciation for this excellent contribution. It is a subject which is certainly very interesting to the physicians of the South, particularly in the colored race, where we see in many cases the dual infection of syphilis and tuberculosis. I know of no special effort here to treat the tuberculous with anti-syphilitic treatment, but our impression here has always been that tuberculosis in the syphilitic has a very much more serious result than it would have in any other case; that is syphilis hastens the end result of the tuberculosis. The cases reported were very interesting and I am sorry we have not been able to do similar work here. We have had many

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cases, and I am sure there have been cases of the severe reaction Dr. Elliott spoke of.

I am sure this audience has appreciated Dr. Elliott's paper very much and that it will be of great value to us in our future studies of syphilis and tuberculosis.

Dr. W. D. Partlow, Tuscaloosa: This subject is very interesting from the psychiatric and neurological standpoint, from the fact that we have always thought that the pareses were due to syphilis and we find that they improve with salvarsan, but while intensive study has not been made along that line it would be interesting.

Dr. Elliott (closing): Regarding the kidney function in these cases, we have made it a rule to have all of our patients who receive salvarsan as "in patients" in the hospital, and a very careful analysis of the urine is made both before and after treatment. In this way we detect quite a number showing evidence of kidney involvement. Whether this is due solely to the drug or partially to the class of patients treated is a question that I am unable to answer at the present time. I am inclined to think, however, that both factors play an important part. The excretion of salvarsan is largely through the urine, thus throwing a great burden on the kidneys, and in many instances an old nephritis may be lighted up in this way. A few months ago we had quite a number of cases of mild nephritis develop within the course of a few weeks without any apparent cause. Since that time we have had only an occasional case out of an average of 150 cases treated per week. It has been our custom to give an initial dose of .3 grams and in this way we undoubtedly avoid many serious complications.

The temperature that follows salvarsan injections is very significant. In case it occurs within a few hours after the administration of the drug and persists for only a short time, it is due to impurities in the water, but where it persists for twenty-four hours or longer there is usually some constitutional disturbance. The urine should be carefully examined and in case this is negative, it has been our experience that the patients, in a very large percentage of cases, show pulmonary tuberculosis.

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THE SIN OF TREATING SYMPTOMS.

H. S. Ward, M. D., Birmingham.

The seven deadly sins were enumerated before the days of modern medicine or specialism. The sin of omission would then have been classed as venial, but now, omission is often deadly to our patient, and might be classed by modern moralists as unpardonable.

This paper is intended to report some groups of cases that have been improperly diagnosed by observing leading symptoms, without taking the patient as a diagnostic problem, and viewing him as a whole. Medicine is no longer a one-man's job—it is team work. It is indeed rare, for one to be able to diagnose an obscure case alone. Team work, with its proper limitations, is our hope for the best results. Diagnostic units are now essential. There is much truth in the saying, that only the very poor and the very rich get proper medical attention. The poor can go to a well organized hospital. There a department chief collects all required data, proper diagnosis is made, and required treatment instituted.

The omission may be due to the lack of using one's own faculties. This has been hammered so long that one rarely sees the glaring errors once so common. The omission at present is more often the refusal to accept or inability to secure outside help. I once heard of a doctor who refused consultation, saying that a patient who had him needed no other doctor. Such an egotist is a menace to the community. The men who refuse consultation fear for their own reputation, and care very little for the welfare of their patients. Jealousy has wrecked many a small mind. The real doctor, who only has the good of his patient in mind, never fears X-ray findings, laboratory results, dental examination, or specialists' reports. The specialist is with us to stay and is most useful, but he must not be permitted to subsidize the whole patient to aggrandize the disease of one particular organ.

The clinician must not allow the laboratory or specialist to make his diagnosis. If so, then his days of usefulness are

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gone. These are only aids. One cannot always delay until the pathognomonic symptom appears. One who waits for the laboratory to find tubercle bacilli in the sputa before diagnosing pulmonary tuberculosis will realize that he has waited too long to be of real value to his patient. The patient must be viewed ensemble—the laboratory and specialists' findings as subsidiary to one grand summing up. Who shall weigh these in the balances, and be the final arbiter? The one, who should be most capable, is the practioner or internist.

If in these case reports some doctor recognizes an old friend, do not, I beg of you, take it as a personal criticism. The intent, is to point out one of those broad truths, applicable to us all, and is, in no sense, personal, or intended as petty criticism.

Many inoffensive appendices have yielded good fees; many normal tubes and ovaries have been sacrificed and many useful gall bladders drained; many ptosed viscera have been stitched up or colons removed and many healthy stomachs have had a new opening, only later, some painstaking surgeon to diagnose a diseased kidney and cure a long suffering and nervous patient.

Case.—Mrs. W. Aet. 35. Had a diseased heart for many years, was hysterical, unmanageable, and had been invalided for years. Had frequent attacks of vomiting and pain in upper left abdomen. These occurred every few weeks, and were treated by some of the best physicians in Birmingham, without relief. She was considered a neuro. Went to one of our leading medical centers, was there given a rest cure, with some temporary relief. After changing doctors many times, she fell into my hands. A series of X-ray pictures revealed ptosed viscera. One of our best surgeons removed several feet of her colon—followed by temporary relief—only to relapse into her old attacks again. Seen later by many surgeons and internists, all of whom assured her that she was a neuro, and that she should quit her foolishness. Finally, she found a surgeon who had her ureters catheterized—found a pus kidney, and removed it. This has been several years. She is now a well woman, with as sweet a disposition as any one may desire.

Case.—Mrs. D. Aet. 32. Married. Two children. Marked deformities following a multiple neuritis, complicating a severe

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typhoid. She had had attacks of nausea and vomiting at frequent intervals since the age of puberty, called indigestion, headaches, neurosis, etc. Finally her ureters were catheterized, she was found to have calculi in both kidneys, which were removed, giving her much relief.

The Wassermann alone will not diagnose all of our indefinite and latent syphilitics.

Case.—Mr. X. Aet. 41. Who had lived a strenuous and dissipated life, without any previous history of syphilis. Began, suddenly, to have Jacksonian and epileptic convulsions. Blood Wassermann was negative. Was treated for epilepsy, but irregular pupils, slightly slurring speech, just discernible tremor about the lips, and a pleocytosis in spinal fluid, definitely labeled him—early general paresis.

It has long been recognized that epileptic seizures appearing in the adult are often precursors to an early general paresis.

Even focal infection and a neurosis due to menopausal changes will not always be sufficient.

Case.—Mrs. S. Aet. 32. Health began to fail. Focal infection was thought of. Tonsils removed and teeth gone over without improvement. Then diagnosed as a neurosis, due to menopausal changes. When I first saw her there were double choked discs and aphasia. Spinal fluid and blood were negative as to a Wassermann. A diagnosis of temporosphenoidal tumor was made. At operation she was found to have multiple gliomata.

Prolonged rest and polypharmacy is no longer sufficient, if one is to secure the best results in definite chorea.

Case.—Miss H. Schoolgirl. Aet. 17. Had her tonsils removed several years ago. Had been rather a delicate girl. Came to me with definite chorea. Chorea, without tonsils, was indeed puzzling. Her teeth were irregular and she had been wearing a brace to correct dental deformity. On examination it was found that she had definite pyorrhea. Rest in bed and curing the pyorrhœa has restored her to health.

Case.—Master L. Aet. 9. Schoolboy. Came into my office on crutches. The right side suggested a mild hemiplegia. The case was easily diagnosed as chorea with chronically diseased tonsils. Tonsilectomy and rest in bed has cured his hemaplegia and chorea.

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Case.—Miss S. Schoolgirl. Aet. 16. Had often suffered during the winter with "catarrh" and colds. She was found to be suffering from classical chorea. Removal of tonsils and rest in bed soon restored her to perfect health.

Other things may suffice to relieve hyperthyroidism, rather than resort to the surgery of the thyroid gland.

Case.—Mrs. B. Housewife. Aet. 23. Two children. Had been diagnosed as goitre for several years. When I saw her there was tachycardia, tremors, enlarged thyroid, Van Graffe, sweating, emotionalism, insomnia, phobia of being alone, etc. Tonsils had given trouble for years. These were removed. Two weeks in bed, a trip to the country for six weeks, and she is markedly improved.

Case.—Mr. L. Barber. Aet. 20. Had all the ordinary symptoms of hyperthyroidism. Had suffered with tonsilitis every winter since childhood. Tonsils were removed and he was soon able to go on with his work without any further thyroid disturbance.

Beware of that old hobby-horse we have so often ridden—a nervous breakdown from overwork. Look closely and you will find something.

Case.—Dr. D. Aet. 39. After rather careful examination was sent to the seashore with his wife to recover from "overwork." His nervousness increased and when I saw him, general paresis was easily diagnosed. He afterwards died in the insane asylum.

Case.—Mr. B. Travelling man. Aet. 41. Notwithstanding robust physical condition, he was considered to be overworked. Irregular pupils, insomnia, depressed spirits, a ++++ Wassermann, and it was decided best to send him to an institution for treatment and confinement.

The last and largest group—oral infection—pyorrhœa, abscessed and carious teeth. Everybody is talking it, and perhaps overdoing it.

Case.—Mrs. C. Housewife. Aet. 62. Who had been a rheumatic for years, and recently had been found to have high blood pressure, was suddenly seized with anginoid attacks. After some three weeks waiting for death to claim her, and exhausting a large supply of nitrate of amyl pearls, was sent to a hospital and found to have some abscessed teeth and diseased tonsils. These foci were removed, and she is now a

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useful woman. Her intercostal neuralgia is now a harrowing memory to a mighty good doctor.

Case.—Mr. D. Aet. 45. A robust man of good habits. Had marked rheumatic pains, intense diffuse bronchitis—with asthmatic breathing—unable to lie down at night. On examination was found to have marked pyorrhœa with many abscessed teeth. Extraction of teeth and treating gums for a short time, followed by two weeks at the seashore, has completely relieved him.

Case.—Mr. L. Aet. 17. Clerk. Had been troubled with a number of painful abscesses. An abscessed tooth was extracted. General health improved and no furunculosis since.

Case.—Mr. O. Aet. 66. Insurance business. Marked arrythmia, heart sounds almost inaudible, blood pressure low. Dyspnœa on the slightest exertion. Enlarged liver. Markedly depressed spirits. Was found to have five abscessed teeth. These were removed at two sittings. He has markedly improved. The heart condition completely restored.

Case.—Mr. C. Aet. 50. Asthenic condition. Marked depression of spirits. Almost melancholia. Marked insomnia. Loss of appetite. Practically bedridden. A number of severe abscessed teeth were removed and he is making a slow but definite recovery.

Case.—Mr. C. Aet. 67. Had been troubled with a number of furuncles. Was found to have almost the same symptoms as the two above cases. All of his teeth had to be removed. He insisted on trying to attend to some business, which made his convalescence slow.

In the Hillman Hospital we see many of the adult and aged "down and out" class, who have been healthy and useful citizens. As a rule their mouths and teeth have been grossly neglected. Their teeth are irregular, loose, careous, broken, and set in gums seething with pus. I have often asked myself the question: "Is there any connection between being 'down and out' and oral infection?"

Oral Infection.—Then the practical problem, what are we going to do about it? Prevention—yes, by teaching oral hygiene. That will help the future generation—but our own patients must be taken care of. Shall we clear out this pathological condition radically or conservatively? Many deaths have been reported from too radical treatment. Apparently the best re-

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sults are obtained by putting the patient to bed, clearing up the pathological condition a little, at each sitting—allowing from three to ten days between treatments, according to the amount of reaction and recuperation of the patient.

Is oral infection a passing fad? Perhaps we are reading too much into it. It is certainly too easy to become too enthusiastic. To me, it is one of the present problems in medicine, extending into all the specialties. However, remember the plea of the paper—to view the whole patient as a diagnostic problem—if we work and watch, while waiting, oral infection will find its proper place in medicine.

DISCUSSION.

Dr. Charles Murray Rudolph, Birmingham: I assure you I think Dr. Ward's paper has been a most excellent one. It appeals to me particularly from a neurological standpoint. We should remember to prove the rule, there must always be the exception. Modern medicine teaches us to find the cause and remove it. Dr. Ward's suggestions along this line are well taken, but we frequently find that everything has been removed except the symptoms. We have many neurological states and certain other symptomatic conditions where some important center has been destroyed or weakened, and we have only symptoms left. I refer to locomotor ataxia, some of the paralytic states and the end results of certain systemic disturbances. We cannot take such patients and throw them into the junk heap for the simple reason that we cannot remove the cause. Many a patient that seemed hopeless, through re-education has been made into almost a new being, and is again able to orient himself satisfactorily among his surroundings. Take the functional neuroses, for instance: It is only through re-education, suggestion and psychotherapy, that such can be treated. The army medical men are acquainted with the value of this line of treatment and it is being put into effect most successfully by them. Recent medical literature is teeming with articles describing the importance of re-education. There are certain other conditions in which the cause has been removed but the symptoms persist. I have reference to the habit spasms with which we frequently come in contact. We may trace the symptoms back to some tonsil or tooth trouble, or very frequently

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to some eruptive disease which has long since subsided, but the objectionable movements continue. I know of no line of treatment that will remove these symptoms but re-education. Dr. Ward has brought out so many sides to this question, and has covered it so thoroughly that I simply wanted to point out such states as I have for fear that because we cannot cure them by removing some cause, we might be tempted to say there is nothing further to be done.

Dr. Joseph Beck, Chicago: Dr. Ward's paper is of extreme interest to all of us, because at this time most of us have had experience with the pendulum having swung too far in reference to the point of the paper to which I wish to confine my remarks—namely, the importance of the foci of infection causing so many diseases. For instance, in Chicago there are any number of physicians referring their patients to the rhinologist, who will make the diagnosis by finding the trouble in a nasal accessory sinus or the tonsils. That practice has undoubtedly resulted in the sacrifice, in a great many cases, of organs that should not have been sacrificed, and certainly in a great deal of inconvenience to the patient. The condition did not respond to removal of the diseased structure which was supposed to have produced it. I have reference to the tonsils particularly. Several years ago Dr. McKenzie, of Baltimore, called attention to the massacre of the tonsils that was going on. At that time the profession was not in favor of his designating it by that name, and perhaps he did a good deal of harm, because the good results from tonsillectomy was retarded, but today I think it would be well taken, insofar as we know how much trouble is done by the massacre, not so much of the tonsils as the pharynx. This is especially true when the operation is performed by incompetent men.

Recently a lady came to me with an absolutely fixed shoulder joint. Every tooth had been extracted, her tonsils removed, her gall bladder and appendix removed, all for the cure of the fixation of that shoulder joint. How absurd was such procedure!

I have operated for a number of neurologists for the choreic conditions, and I can substantiate the contention that the removal of the infection in which the tonsils are the particular foci has given most excellent results. As to the proposition of

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the thyroid in connection with the infection, I will say that I had the pleasure of taking part in a symposium on goitre at the Mississippi Valley Medical Association last fall on the question of the etiology and to sum up, at the end of the discussion, which was quite lively, it was practically agreed that the chronic foci of infection played a most important role in the thyroid toxic state. I am not saying that the removal of the tonsils would relieve all the symptoms, but unless those chronic foci of infection were removed the patient, by removal of the thyroid alone, was not going to have as good a result as when the chronic infections were removed.

Dr. Ward spoke of the diagnosis of the pathological condition of the teeth. In this country most people have attention given their teeth, but the kind of attention in many instances has been very poor, as agreed by the dentists themselves, and the X-ray has shown it in the imperfect root fillings. The X-ray film is examined most of the time by an incompetent man and a little absorption of bone at the apex of the tooth will often be misinterpreted and a good tooth removed. I have seen cases in which a dead tooth which was properly filled was sacrificed and live teeth were removed for all sorts of imaginable conditions which did not exist, and patients were not relieved. I may say that in the conditions in which I am called upon to remove the tonsils and clean out the nasal accessory sinuses only about thirty-five per cent. of the cases are followed by good results so far as the chronic systemic infection is concerned. They are improved, but they have their recrudescences. I believe we are very enthusiastic and very zealous as to the focal infection as a cure-all. It is only part of a cure.

Dr. Wm. G. Harrison, Birmingham: I have seen some of these cases, and while mine is mostly throat work, I have seen a lot of cases with other men. I think, as Dr. Beck warned us, that removing the original focus of infection is not going to correct too many of them, but I do believe that if there is any infection in the mouth at all it ought to be eliminated, because wherever the patient is subject to infection and becomes under unusual strain that patient is likely to succumb and suffer more trouble.

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I have seen a few of the cases Dr. Ward reported, but he has had such a number of cases there seems to be some connection. We are learning more and more every day about some of the things that are dependent upon focal infection, and I think it ought to be removed, but I am sure that men untrained in radiographs of the teeth are likely to sacrifice a good many. On the other hand, the radiograph will not always tell the whole trouble. I recently had a case which illustrated this very well. A lady had complained of pain under her left eye. I had operated and removed the turbinate, which was wedged in and I thought was the cause of the trouble. She was better but not completely relieved. I refracted her and she improved, but was not well. I thought there was something in the teeth, but the dentist said there was nothing the matter after he had taken radiographs. He then sent her for examination by a general roentgenologist, and he said there was nothing the matter with the teeth. Then another dentist took some radiographs and we had a consultation and all agreed that there was nothing the matter with the teeth so far as revealed by these pictures. The lady was the wife of a dentist and he became ill and had to stay at home for a month. When he came back to the office he said his wife was really suffering, that there must be something wrong somewhere. I told him to remove an upper molar, but he declined to do it. His wife said if he did not she would have someone else do it. The tooth was removed and each root had a large granuloma which was extremely offensive. Looking at the pictures there was nothing to be seen. The radiograph, like many other things in medicine—the Wassermann and the Widal tests, for instance—is useful and valuable, but not invariable and a negative picture is inconclusive. It must be taken in connection with all the other symptoms and signs.

The most suggestive and, to my mind, the most helpful thing in Dr. Ward's paper is the fact that the study of medicine is too large for any one man to make a complete diagnosis, and we must look to team work in order to do the best for our patients suffering from vague and chronic conditions.

Dr. W. C. Maples, Scottsboro: I do not believe that diseases cannot be diagnosed by one well-informed doctor in a large majority of cases; and if this is not true, the great ma-

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jority of sick people will not have their diseases properly diagnosed for a long time yet, for in many communities there is only one doctor and he has to depend upon his own judgment on what the data presented signify. Most of the acute infections can be properly diagnosed, and many of the other things cannot be diagnosed by the whole gang together. (Laughter.) Cabot, if I remember correctly, says at the Boston City Hospital (where team work is done, I should think) that of this class of cases which go to autopsy the diagnosis is correct in only about half the cases. There are certain classes of cases where every known means must be employed for securing the data necessary for making a diagnosis and then you may not succeed, but it surely does not require a team to make a correct diagnosis of chicken-pox. Most well-informed doctors in the country and in the smaller towns are doing most of their laboratory work. I learned a good while ago to make proper blood examinations, chemical and microscopical examinations of urine, examination of sputa, etc., and these methods furnish valuable data in a great many cases in arriving at a correct diagnosis. In every case one doctor must make the diagnosis, but it sometimes requires a team to furnish the required data. I agree with the essayist, of course, that it is a sin to treat symptoms only. The only part of the doctor's paper that I object to is the statement, as I understood him, that the diagnosis of diseases has become a matter of team work. I think that statement needs qualification.

Dr. Jerre Watson, Anniston: I rise, not to discuss Dr. Ward's paper, but to express my appreciation of his warning to the practitioners of Alabama to be thorough in their work. I am one of the more recent graduates of medicine, and as such I have had impressed upon me that I must first diagnose my case and then treat the condition. I have been engaged in the practice of medicine sufficiently long and I have been weighed down by the stress of work so that I have reached the point where I have, in some instances, neglected and, in some instances, have almost forgotten this part of my teaching—that I should look for cause. I feel that what is true in my own case is probably more true of men who have practiced medicine longer. The Age-Herald this morning carries an editorial contrasting the work of the modern, scientific physi-

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cian with the "pill roller" of former days. Dr. Ward's paper emphasizes the necessity of going beneath the surface and finding the cause. Not necessarily, as one of the speakers said, to "call in the gang," Dr. Ward seemed rather to mean that in every case one should use every faculty that he possesses,—his sense of touch, his sense of sight, his every faculty--to find out what is the matter with the man or woman or boy or girl or baby that is sick. Not merely to treat the symptoms, but to find the cause and remove that cause. I think the doctor is right, and I believe further that the man in the practice of medicine who is so busy, who allows himself to be so overworked, that he can't devote his time and attention to these things, has served his days of usefulness in the practice of medicine. I say again that we ought to look for the cause and remove it. I think we often overlook the simple laboratory examination that Dr. Maples refers to, the study of the urine. I recently had a patient who had been treated by many of the best men in his State. He had rheumatism in the right shoulder. I told him the rheumatism was merely a symptom; that I could not treat it without knowing the cause. I found the urine loaded with indican and some bile and told him the rheumatism was probably caused by intestinal intoxication and that by treating him for that the rheumatism would probably disappear. I did not "call in the gang."

Another case was that of a negro who had been treated by several other physicians of his city. As I said before, if a man takes the responsibility of a patient he should give him the best attention, whether he be rich or poor. I gave that man a thorough examination. He said he had been told he had everything the matter with him,—one said it was tuberculosis, one said it was "bone rheumatism." Examination showed enlarged post-cervicals, anesthesia of the feet, a positive Romberg, he did not know the position in which his limbs were placed, and without making a Wassermann I diagnosed tabes dorsalis. The man had not walked for two months. I put him on antisyphilitic treatment, and in spite of the fact that a man told me last night that you can't give a patient enough mercury by giving him bichloride of mercury and potassium iodid, that was the treatment I employed and after fourteen months of disability that negro is now ploughing. (Applause.)

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Dr. G. H. Fonde, Mobile: Like Dr. Watson, I have nothing but praise for Dr. Ward's paper. The gentleman who spoke before Dr. Watson, whose name I failed to catch, probably had no great theoretic objection to team work by a corps of specialists, as suggested in the paper. He probably had the same impression that I have in mind in regard to its practicability in general. In the average small community there is no close association of a number of physicians specializing in the various departments of medicine; even in large cities it is, indeed, seldom to find a complete corps of specialists coöperating in harmony for the prompt and best direction of the sufferer, but rather each specialist is rather too energetic from his sole point of view. So that the need of the general man to coördinate the findings which may be more accurate and complete if gathered from a number of specialists, is yet quite debatable.

Dr. Richard Cabot published in the lay papers some time ago that future and accurate medicine was only to be had in institutions by closely organized corps of specialists, and without that we could expect nothing but mistreatment and many mistakes. Now, if it were possible for every community and district to have such a closely organized staff in the institution, as I believe is claimed by the Mayo Clinic, that would be ideal; but as such conditions are not obtainable or do not exist in fact, we must not make the mistake today of adopting or pretending to adopt the practice on the basis of future years and attainments.

On visiting the Peter Bent Brigham Hospital in Boston I was impressed with the wisdom in the bequest by that philanthropist of making the requirement that every patient coming into the hospital should be turned over to one man, and that one man should be responsible, and should hold the case in his charge until dismissed from the service. He was not to be denied the advantages of special consultants or examinations, thus offsetting the practical objections to staff or team work as it is to be found in even the best hospitals of the United States in many instances.

Dr. E. H. Sholl, Birmingham: I am the oldest physician in the practice of medicine in the State of Alabama. I now have a record of many thousands of cards of typhoid fever

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patients. The treatment they received was one-sixteenth grain of bichloride of mercury every two hours, with perfect recovery in all cases. It gives me great pleasure to state that I think that is the wisest treatment in typhoid fever.

Dr. Ward (closing): There was never a time in the history of medicine or in its practice in which a good physician was more in demand and more for him to do than at the present time. It is expected that any good physician will start at the top of the head in his examination and not quit until he examines the toe nails. It is also expected that he can make a blood count and examine the urine. He can also look at the tonsils and teeth and if they are all in good condition there is no necessity for sending a patient further. A good physical examination with the laboratory findings will point out most of the things where you need help. The cases are rare in which you can make a complete diagnosis alone. There is no law that you cannot push too far, even the law of turning the other cheek. You can push any of these things too far. The doctor referred to a definite case of locomotor ataxia; any good physician should be able to diagnose this disease, and as it has but one cause there is no need to run off after a Wassermann. It is nice to have, but of no value to the patient.

Again, in the way of focal infection, of course, if you have an ankylosed joint, or pus in the joint, the removal of the focus cannot be attended with relief. That is a new focus and must be removed.

In the psychoses where we treat symptoms and nothing else that is because we have never learned the cause. In dementia præcox we have never learned the cause, so we can only treat the symptoms and do the best we can. In tic and such things when you have removed the cause you have only removed the exciting cause, and you will have to remove the stain of heredity of several generations.

Of course "passing the buck" in the army is quite frequent and we in medicine are equally human.

In the Peter Bent Hospital the plan is quite good, if the original man can't find the cause he should have help and keep looking. Team-work is of value when your own fingers and eyes have failed to find the cause and you are sure there is an underlying cause which is responsible for the condition. I

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have no fault to find with the man who examines the whole patient. If the eyes are all right you know whether you need an eye man to help you out; if you examine the mouth you know whether you want anyone to help you out; in listening over the chest you know whether you want an X-ray of the heart or lungs. So the one idea is to get help when you need it and don't pass the buck to somebody else when it is merely a matter of getting help.

I am perfectly sure we are too enthusiastic over focal infections. Removing a tooth will not cure a gastric ulcer which is secondary to this cause. Remove the tooth and then cure the ulcer and perhaps the patient won't have another. The same is true of ureteral stricture.

I am certainly pleased to have had the discussion of the paper and I thank you all.

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THE PRESENT STATUS OF MEDICAL EDUCATION.

TUCKER H. FRAZER, M. D., Mobile.

The many and perplexing questions that have arisen during the past twelve months can best be discussed in their relation to measures of war efficiency. In fact, the fundamental principles involved in the program of reform in medical instruction which was begun fifteen years ago are demonstrable at this time in the part being played by the medical profession of this country in the world's great war.

A notable gathering of medical teachers took place in Washington a short time before war was declared, and the question that gave more concern than any other was the degree of efficiency of the prospective army and navy surgeons. Many were the comparisons made between the status of the present-day college training and instruction and that of the period antedating the Spanish-American War, and the conviction went home that upon the establishing and maintaining high standards of medical instruction depended the integrity of our army and navy during the impending crisis.

A glance at the program of this session of our Association reveals the trend of thought on the part of the personnel of this Association. I am persuaded that the desire of the President to have a discussion upon the present status of medical education grew out of the fact that the profession is entirely willing to believe that a greatly improved medical service is now to be had by the National Government as compared with that available a few years ago. Never before in its history has the Government been so insistent in its demands upon the medical profession, nor, on the other hand, has there ever been a time in the history of the medical profession when it received more honor and glory from the Government. One of its first acts to signalize its right conception of the true value of the medical profession was the appointment of the Advisory Commission of the Medical Section of the Council of National Defense. This act in itself but emphasized the importance of

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a proper appreciation of the correct standard of medical instruction that should prevail in this country.

To one who has made a study of this question there comes the strong conviction that our medical schools are equal to the demands that are now being made upon them, or that may hereafter be made. And it is pleasing to learn "that during the last several years a large proportion—over 70 per cent—of all medical graduates are from the Class A Medical Schools, and are in position to render service of a high order to the Government in the present national crisis."

"The entry of the United States in the European war has led to a consideration of procedures which may be necessary on the part of medical colleges to meet the demand for medical officers." This naturally leads to the question: What is that status of the present-day medical education that so peculiarly fits it to take its stand among the established forces of the times? The answer is immediate in the simple and laconic statement: Preparedness on the part of the student and preparedness on the part of the instructor. The gradual, but permanent establishment of the correct standard for the former could only be followed by the gradual but sure elimination of all but the correct standard for the latter, and that is exactly what has occurred during the evolution of medical instruction within the past fifteen years.

The leaders of medical thought long ago concluded that the untutored mind was unable to apprehend the vast treasures of medical science, and also that the facilities at hand were inadequate to satisfy the demands of the great army of those searching for more light. Therefore a proper adjustment was inevitable, and we have today, in this country, a condition in the domain of medical education that appeals both to the judgment and intellect of fair-minded men.

This adjustment and "reorganization in medical education has largely eliminated the low grade medical colleges and correspondingly reduced the number of poorly trained graduates." "A large proportion of the medical schools during the last five or six years have been sending out thoroughly trained graduates, and it is the graduates of these recent years who constitute largely the material which is most available for the Government medical service."

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We, as members of the American Medical Association, cheerfully agree that the desirable legal standard of preliminary education as adopted by the Association, and published in the Journal of the Association, February 23, 1918, as the minimum for admission to the study of medicine, is two years of college work based on a four-year high school education."

The Council on Medical Education in its Chicago meeting in February, 1917, appointed a special committee to consider the question of pre-medical education and to outline a two-year pre-medical college course and "to develop a schedule of subjects best adapted to the student's needs in his subsequent medical studies." This committee submitted its "final report on education preliminary to the study of medicine" at the joint conference of the Council on Medical Education and the Association of American Medical Colleges, at the Chicago meeting, February 4, 1918. This committee not only established the "High School Requirements for admission to the two-year pre-medical college course as consisting of a four-year course of, at least, fourteen units in a standard and accredited high school, but also declared that "beginning January 1, 1918, the minimum requirement for admission to acceptable medical schools in addition to the high school work" just mentioned, "will be sixty semester hours of collegiate work, extending through two years of thirty-two weeks, each, exclusive of holidays, in a college approved by the Council on Medical Education." The committee outlined the schedule of subjects of the two-year pre-medical college course, as follows:

Required subjects: Chemistry, Physics, Biology, English Composition and Literature.

Subjects strongly urged: French or German, Advanced Botany or Advanced Zoology, Physiology, Advanced Mathematics including Algebra and Trigonometry, and additional courses in chemistry.

Other suggested electives: English (additional), Economics, History, Sociology, Political Science, Logic, Mathematics, Latin, Greek, Drawing.

It will be conceded by everyone that, in addition to the broad and fundamental education acquired in the high school, no better and practical course could be offered by the academic colleges and universities. As a matter of fact, the medical schools

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that have already been operating under the schedule of the two-year pre-medical college course, have amply justified the wisdom of those who have been so jealous of the high standards of medical education in this country.

It is interesting and instructive to review the educational statistics as presented by the Council on Medical Education of the American Medical Association for the year ending June 30, 1917, as found in the educational number of the Journal of August 18, 1917. These statistics, supplemented by the "final report on education preliminary to the study of medicine," and to which allusion has already been made, give us in concrete form the true status of medical education in this country.

All credit is due the American Medical Association, operating through its Council on Medical Association, for the high standard of efficiency of the medical colleges of the country. It should be a matter of common knowledge that this increased efficiency has been brought about by the system of grading medical colleges, and by publishing from time to time, the results obtained from an inspection of the same.

In 1900, the Journal began collecting statistics regarding medical colleges, students and graduates, and in 1901 the first educational number of the Journal was published. In the August 18, 1917, number of the Journal it was editorially stated that during these seventeen intervening years there had been a most encouraging improvement, and that it could be stated without exaggeration that medical education in this country is equal, if not superior, to that of other leading countries.

"At this time there were 159 medical colleges, many of which were joint stock corporations, conducted largely for profit, admission requirements were nominal; few medical schools had endowments or well equipped laboratories, and only a few had salaried teachers." During the years from 1900 to 1905, "statistics were collected and published by the Journal, and a beginning was made in the great campaign for the improvement of medical education."

During the period from 1905 to 1910, besides the collection and elaboration of these statistics, the Council on Medical Education which had been created as a permanent committee by the American Medical Association in 1904, "began holding annual conferences on medical education and discussed stand-

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ards of preliminary medical education." In 1910, the second classification of medical schools was published as a sequel to the tour of inspection in 1909 of the various medical colleges. As a result of these inspections and the resulting classifications, the number of colleges declined from 162 to 131; the number of medical students from 28,142 to 21,526; and the number of graduates from 5,600 to 4,440.

Two new classifications, resulting from two complete inspections, were made during the years from 1910 to 1915. This period witnessed a further reduction of medical colleges from 131 to 95, of medical students from 21,526 to 14,891, and of medical graduates from 4,440 to 3,536. While the sum total of colleges was thus decreased, there was a marked increase in the number of stronger and well-equipped institutions. The number of medical colleges which had adopted for admission one or two years of college work, in addition to a four-year high school education, was increased from 27 per cent to 88 per cent. As can readily be inferred, this closer coöperation of colleges with the council through reports regarding new students enrolled, the methods employed by each institution in admitting students, and the strictness in the enforcement of entrance standards became known with fair accuracy. The opening session of 1914-15 witnessed the general adoption by the majority of medical colleges of the standard of preliminary education which, ten years before, the Council on Medical Education had considered as ideal."

I wish to repeat what has already been published, "that during the last four years the number of freshman students has increased in medical colleges which had adopted the higher standards." And although the total number of medical students and graduates still show a decrease, the decrease for the last few years has been in students and graduates of Class C schools.

The Council on Medical Education has accomplished these remarkable results in an impartial and fair manner, having in mind, at all times, the welfare of the people of the country. All medical colleges are rated by the Council on a Civil Service basis on a scale of 1000 points. The data relating to each college are grouped under ten general heads in such a manner that the groups have as nearly equal weight as possible, each group, allowing a possible 100 points (10 per cent) out of a

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possible 1000 points (100 per cent). The ten heads under which the data are arranged are as follows:

1. Showing of graduates before State boards, and other evidences of training received.

2. Enforcement of a satisfactory preliminary educational requirement, granting of advanced standing and the character of records.

3. Character of curriculum, grading of course, length of session, time allowed for matriculating and supervision.

4. Medical school buildings: light, heat, ventilation, cleanliness.

5. Laboratory facilities and instruction.

6. Dispensary facilities and instruction.

7. Hospital facilities and instruction, maternity work, necropsies, specialties.

8. Faculty: number and qualifications of trained teachers, full-time instructors and assistants, especially of the laboratory branches, organization and extent of research work.

9. Extent to which the school is conducted for properly teaching the science of medicine rather than for the profit of the faculty, directly or indirectly.

10. Possession and use of libraries, museum, charts, stereopticons, etc.

Class A colleges are those which are acceptable; Class B, those which, under their present organization, might be made acceptable by general improvements; Class C, those which require a complete reorganization to make them acceptable. (Journal A. M. A., August 18, 1917.)

There are, at this time, sixty-nine Class A schools, fourteen Class B schools, and ten Class C schools, in the United States. There are fifty-three medical schools which require as a minimum for entrance, two years or more of work in a college of liberal arts in addition to a four-year high school education. Twenty-nine states have medical schools as integral parts of the state universities. The schools of these states require two years of college work for admission. In fifteen of these states, the colleges have the support of their state licensing boards, which have adopted two years of college work as the minimum

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requirement of preliminary education. There are now thirty-seven states which have adopted requirements of preliminary education in addition to a standard four-year high school education, and of this number twenty-five have made the standard two years of college work. Alabama is in this latter class.

Six medical colleges have adopted the requirement of a fifth year to be spent by the student as an intern in an approved hospital, or in acceptable clinical work before the M. D. degree will be granted. Six state licensing boards now require that every candidate to be eligible for license to practice medicine in those states must have served at least one year as an intern in an approved hospital.

In order to secure license to practice medicine in Alabama, students matriculating in the session of 1915-16 and thereafter, must have completed two years of work in an approved college of liberal arts, including courses in physics, chemistry, biology, and a modern language, prior to entering on the study of medicine.

The student of statistics has noted a material reduction in the number of medical students under the increased entrance requirements. However, there has been a change for the better in twelve years, from 1904 to 1916, as the following table, taken from the report of the Council on Medical Education, June, 1917, will show:

"And while, as previously stated, there has been a reduction in the total number of medical colleges, students and graduates, the number of high grade medical schools, with their enrollment of students and their annual output of graduates, has been greatly increased.

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Table 1.—Quality Versus Quantity. Changes for the Better in Twelve Years.

Entrance Requirements	Colleges		Students		Graduates	
	1904	1916	1904	1916	1904	1916
High school education or less	158	8	26,391	720	5,378	201
One year of college work	0	20	0	3,463	0	1,100
Two years of college work	4	65	1,761	9,839	369	2,217
Totals	162	93	28,142	14,022	5,747	3,518
Percentage with higher requirements	2.5	91.4	6.3	94.9	6.4	94.3

Table 2.—Medical College Graduates for Last Six Years.

	From Colleges in Class			
	A	B	C	Totals
1912	2,790	1,063	629	4,482
1913	2,539	1,050	392	3,981
1914	2,626	686	282	3,594
1915	2,629	688	219	3,536
1916	2,630	695	193	3,518
1917	2,641	625	101	3,367
Totals	15,855	4,807	1,816	22,478

I beg to submit the following table showing the hours devoted to the several subjects of the curriculum in the average Class A college:

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	First Year Hours	Second Year Hours	Third Year Hours	Fourth Year Hours	Total Hours
Anatomy	598	138			736
Histology and Embryology	244				244
Chemistry, Organic	107				107
Chemistry, Physiological	187				187
Physiology		286			286
Pharmacology		130			130
Bacteriology		135			135
Pathology		345	64	30	439
Materia Medica and Therapeutics		96	32		128
Physical Diagnosis		32	64		96
Laboratory Diagnosis			96		96
Practice:			128		128
Ward Clinics				128	128
Ward Work				224	224
Dispensary Work				64	64
Nervous and Mental Diseases			16	144	160
Pediatrics			64	32	96
Tropical Diseases				32	32
Dermatology				80	80
Hygiene and Preventive Medicine			64		64
Legal Medicine				16	16
Radiography			16		16
Obstetrics			128	32	*160
Gynecology			64	64	128
Surgical Technique		32			32
Surgery			128		128
Clinics			64	96	160
Ward Work				176	176
Dispensary Work				64	64
Operative Surgery			96		96
Orthopedics			32		32
Genito-Urinary Diseases			16	128	96
Ophthalmology				64	64
Laryngology				64	64

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*Obstetrics. Practical obstetrics, time depends upon number of cases and cannot be definitely determined. Each student required to assume complete charge of not less than six cases.

During the history-making period of the past twelve months the demand for the patriotic service of physicians has been urgent. Very recently (February, 1918), the Association of American Medical Colleges endorsed the plan of Major H. D. Arnold for continuous sessions as a war emergency measure, provided that it be adopted only by such colleges as are willing to put it into effect, but without lowering the present standard of education, and that no action be taken by medical colleges until requested to do so by the Surgeon General.

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REFLECTIONS ON VACCINE THERAPY FROM THE VIEW-POINT OF THE PRACTICAL CLINICIAN.

G. H. Fonde, M. D., Mobile.

Some ten years ago the president of a prominent British medical society, Dr. A. H. Brompton, found it opportune to declare that "if any daring member has introduced a subject bearing on medical treatment it has been with an apologetic air and humble mien, well knowing that if his remarks had any reference to the utility of drugs in the treatment of disease they would be subjected to good-humored banter, and received by those in the seats of the scornful with amused incredulity."

That Dr. Brompton's remarks concerning therapeutic agents is true today needs no argument.

The introduction of the subject of vaccine therapy from the view-point of the practical clinician, therefore, is doubly hazardous because it enters a field which from its inception involved laboratory technique and equipment and was reserved by or delegated to the laboratory expert, or to the proposed newer class of the profession, the clinician-bacteriologist.

However cautious and conservative was the employment of these new and potent agents in their early trial by the researcher and laboratory worker it is clear to the unprejudiced observer that sufficient knowledge and experience has now been accumulated to convince the most skeptical and timorous that vaccine therapy should occupy an important active part in medicine upon the firing-line in the combat against disease.

The protective mechanism inherent in every living organism to its natural enemies, is the fundamental principle in the prophylactic and therapeutic action of all vaccines.

No greater misconception can exist than the notion that a bacterin is a specific remedy. Of itself it can do nothing.

Vaccines are only active in that they specifically stimulate the production of bodies which possess special destructive powers to particular organisms.

A vaccine is *not* a new ally in the fight between the parasite and the host. It is an added stimulus (merely a whip) to the

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forces already present in the host to exert promptly and more fully the natural protective resources. In this great respect its action differs from the action of drugs.

To expect as uniform success therefore from vaccines as in the use of specific sera and specific drugs is as unreasonable as to suppose that the body can never fail in its defense. There are temporary conditions when such stimulus may not be as opportunely used—as in evidently marked vital depression and exhaustion.

R. J. Rowlette (*London Lancet,* June 30th, 1917) states that the cases in which the best results may be expected from vaccine treatment are those in which (first) the body has not yet lost its natural power of resisting infection, and (second) in which there has not been great tissue change. * * * The acuteness or chronicity of the condition is beside the point, though it may have much to do with the method of administration."

With the proper conception of vaccine therapy it is clearly not incompatible with other methods of treatment, but on the contrary, only depressing drugs and measures would conflict with the effort to hasten the action of the normal defenses.

Today no student can be considered to have gained a sufficient knowledge of therapeutics who has not become familiar with both the doctrine of immunity and the practice of immunization.

Stock vaccines, autogenous vaccines, sero-bacterins, lipo-bacterins, partially autolyzed bacterins, phylacogens, attenuated living bacterins and all other modifications and other biologic products for use in medicine should require for their manufacture the well-equipped laboratory constantly working under the hands of the expert specialist. Bacteriologic diagnosis, which should always be made, belongs to the specialist.

The clinical application of these agents should be in the hands of the men accustomed to clinical work, who, knowing what they are, should be the better equipped to employ them in clinical use and make comparisons and observations as to their relative value. Especially should the clinician's judgment determine their importance as compared with the usual prevalent symptomatic or expectant methods in use in all but a few diseases for which we have known specifics. Such judgment should not be gauged, as has been the case, by the standards

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of specific remedies. The degree of beneficial response must vary with changing clinical conditions and varieties of infections.

The prophylactic use and the initial therapeutic doses of bacterins in order to be used to best advantage, from their very nature, must of necessity be stock-bacterins, on account of the vital importance of the element of time in arousing immune reactions.

Autogenous vaccines, however desirable for later use and in chronic infections, if used should take the place of stock bacterins as being more accurate and logical *only* when their superior accuracy may *offset the greater advantage of time* in the use of stock bacterins.

Immunotherapy in acute diseases and in prophylaxis implies immunizing reactions aroused in time to prevent, abort, shorten or otherwise modify the infection before it is too late.

The following clipping from the Journal of the American Medical Association of February 9th, 1913, speaks for itself in regard to prophylactic use of bacterins against pneumonia:

Prophylactic Vaccination.

"Prophylactic vaccination against pneumonia with killed organisms has been studied on a large scale by numerous observers. The results of these studies have been carefully analyzed by the workers in the Rockefeller Institute. They believe that the results of studies on animals indicate that the employment of this method would result in a great saving of human life. Studies on the production of immunity in animals suggest strongly that more effective and rapid immunity may be produced by the frequent injection of small amounts of vaccine than by the infrequent injection of large amounts. Lister, who recently studied an epidemic in South Africa, concluded that 'three subcutaneous inoculations, at seven days' interval, should be employed; each dose should consist of 6,000 million cocci of each group against which immunity is desired.' He found that his own serum still contained agglutinins and opsonins against the types of organisms injected eight months after the last inoculation."

As to therapeutic use of bacterins in pneumonia, a number of articles have appeared recently to augment the accumulated

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evidence in their favor, prominent among the recent ones is Rosenow's claim for the partially autolyzed bacterins in a large series of cases, not selected, therefore most of them too late for the best use of bacterins. The last report shows an improvement over the control cases of some 17 per cent.

I would also mention the long-standing practice of veterinarians of employing distemper vaccine—an analogous condition to our influenzas and epidemic infections of streptococci, pneumococci, etc.—both as a prophylactic and a therapeutic measure. In fact as long ago as when horses were displaced by automobiles in practice every new horse brought from a different climate was given the distemper vaccine and regarded safe. In buying dogs from other sections of country also the veterinarian advises prophylactic use of bacterins, or in distemper their therapeutic use; and my experience has been very strongly in their favor in the case of both the dog and horse. I had a fine hunting dog which developed distemper, and following the attack quickly a most hideous chorea. The distemper vaccine resulted in distinct improvement at once, and after five or six doses at three or four days' intervals, perfect recovery.

For a number of years I have been using a combination of organisms rather loosely termed the "cold vaccine" with such undoubted superiority in the epidemic infectious colds, that the patients have been responsible for my enthusiasm for it, as a therapeutic measure, on a large scale. I do not attempt to have an exact bacteriologic diagnosis in the individual cases, but rather from time to time and from epidemic to epidemic, send a specimen to the pathologist for report as near as may be upon the bacterial flora prevalent in the community.

The employment of typhoid bacterin as a prophylactic in the armies and navies of the world, and the official adoption by the American Red Cross Sanitary Commission and by the Serbian Government of a combined vaccine against typhoid plus paratyphoid A and paratyphoid B and cholera, in which this combination was inoculated in 170,000 men with good result, is a definite and conclusive evidence of the importance of bacterins in prophylaxis. Employment of bacterins against plague and malta fever has been equally successful.

The New York Board of Health pronounces whooping cough prophylaxis as absolutely successful where it is properly

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employed. Also they have adopted the bacterin as a routine measure in treatment with disappearance of the many dangerous complications and fatality to a most striking degree.

Evidence has accumulated and is fast increasing of the virtue of bacterin prophylaxis and bacterin theraphy against pneumonia—the most fatal acute disease which has visited our army camps recently. In view of the demonstrated safety with which proper doses may be administered it is difficult to comprehend why general use is not made of a polyvalent bacterin during the prevalence of so dangerous a disease. This would apply equally to infections of the upper respiratory tract, such as common coryza, influenza, etc.

No time is to be wasted by the clinician for considerations more academic than practical when judgment and experience, based upon general knowledge of disease and of prevailing single or group infections, would make possible the protection of the patient to the best advantage.

If the standard practice of employing diphtheria antitoxic serum tentatively in suspected cases, while waiting for a bacteriologic test, is justified, how much more so must be the employment of the bacterin of mixed strains and groups containing so much less of objectionable foreign proteid? In the one a specific antitoxin in full protective amount is given early, with great bulk of foreign proteid in the serum. In the other instance, the bacterin is used in small beginning doses to initiate or hasten the natural immune active defenses.

It can now no longer be successfully maintained that vaccine therapy should be confined to the specialist in laboratory methods and technique.

In support of this view let me quote from Forcheimer's System of Internal Diseases: "Observation of the clinical phenomena (reaction) which follow the inoculation of vaccines afford in many cases more reliable data for guidance of the physician who is qualified by experience to interpret them." Again quoting from the same volume: "Without reflecting unfavorably on the information obtained by studies of opsonins it may be stated that in the practical use of vaccines the more clear the indications for vaccines the less need for opsonic control as an adjunct to the observation of clinical changes." * * * "Indeed, many workers of experience, while not doutbing the fundamental facts of the opsonic theory, believe

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that the possible sources of error in technique are so great, and spontaneous fluctuations so frequent, that but little reliance can be placed on routine opsonic determinations as a guide to therapy. It may further be urged with justice that the fluctuations in opsonins represent only one of the many possible changes that occur in the body in response to infection, and hence the opsonic curve supplies at best only an incomplete index of the degree of immunity of the body."

That the early expressed hopes aroused by Wright's brilliant observations on the value of vaccine therapy have resulted in a measure of disappointment—as in the case of every new important remedy—is a well recognized fact. However, the great accumulation of experience justifies the conviction that in bacterins we have an invaluable aid, often approaching the ideal, in awakening early immune reactions in more or less degree in all bacterial infections.

To expect vaccine therapy to supplant the removal of old and walled-off foci in tonsils, teeth, etc., and cases of bad drainage in the urinary system, foreign bodies, etc., is to misunderstand the limitations as well as the logic of vaccine therapy today.

To fortify the blood-stream and exert a degree of protection wherever its plasma may freely circulate in combatting infectious foci, the well-judged use of vaccines will bring a large measure of success.

The general employment of vaccines in all infectious diseases of bacterial origin, with the necessary following of the principles of immunotherapy in the collateral care of the patient should eventuate in greater strides than are yet to be noted out of the darkness of symptomatic and excessive drug-giving.

The past and present excessive use of drugs depressing to the immune efforts of the body—prominent types of which drugs are the coal-tar anodynes and alcohol—assuredly has dangers and objections more evident to even the skeptic judge of bacterins.

One has but to note the growing evidence daily from all sources in the current medical literature to realize that vaccines occupy one of the most valuable places in medicine which the general practioner and even some of the leaders of the profession seem to be slow to recognize or to employ in practice. It is this conviction that has lead me to present to you my plea and my testimony.

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COMPLICATIONS FOLLOWING 8,000 TONSILLECTOMIES.

WILLIAM GROSS HARRISON, M. D., Birmingham.

The operation of tonsillectomy was a slow evolution from the old one of tonsillotomy with guillotine or scissors. The importance of focal infection in the causation of diseases has become so generally recognized and the part played by the tonsils so vital that tonsillectomy is probably the most frequent surgical operation now performed. The cases forming the basis of this report have been operated on since August, 1908. Up to that time most of my operative work on the tonsils had been done with a knife, scissors and tonsil punch. In this series there were 118 patients, from whom only one tonsil was removed. Generally the single operation was performed to remove a part of the tonsil left at a preceding operation. 3,941 patients had both tonsils removed, making 8,000 tonsillectomies. Of this number 2,243 were so-called clinic cases, 1,816 were private cases. Over 90 per cent were done under ether anesthesia and operation has generally been performed with the patient in a sitting posture, the so-called Boston method. Of those cases done under local anesthesia, four cases have been rather unique if not alarming. The youngest patient was 11 months old and the oldest 76.

(1) *Cyanosis*—A young woman of 22, apparently in good health, a teacher, with buried tonsils, was given about 20 m.n. of 1 per cent solution of cocaine and while drawing up the solution in the syringe to be used on the other tonsil the patient became suddenly very dizzy and complained of faintness. She turned very dark, in fact, the cyanosis was so marked that I thought she was going to die. Respiration was normal and her pulse never got below 58, and there were no bad symptoms except a deep cyanosis and complete insensibility to pain. The patient was rather stupid, but never quite unconscious. I waited half an hour before proceeding with the operation and finally took out both tonsils without apparent

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pain on the part of the patient and it was a full hour before the complete disappearance of the cyanosis.

(2) *Torticollis*—A healthy but highly nervous married woman, 26, long accustomed to mild attacks of rheumatism, but recently free of any discomfort in that connection, declined a general anesthesia and an attempt was made to remove the tonsils with the use of cocaine. Within two minutes after injecting 20 drops of the 1 per cent solution she complained of excruciating pains in the muscles at the back of her neck and each cleidomastoid . It was impossible to proceed further with the operation because of the extreme spasm of these muscles and the patient was finally given ether. The operation was uneventful but this muscle spasm persisted in spite of all treatment for same for three or four months. During this period she had the attention of an excellent general physician who administered ante-rheumatics, an occasional opiate, finally using electricity and massage. Nothing seemed to do any good and the patient got perfectly well but only after a long, discouraging convalescence.

(3) *Muscle Cramp (Possibly Embolism)*—A doctor, age 35, with history of recurring attacks of sore throat preferred a tonsillectomy under cocaine. Fifteen drops of 1 per cent were injected about the right tonsil and within less than a minute he complained of a severe pain in the calf of his right leg which so completely upset him that further proceedings had to be postponed for half an hour. He had spasms of some of the muscles in the calf of his leg and the soreness persisted for ten days or more. He stated at the time and after that the soreness in the calf was much worse than the soreness in his throat.

(4) *Scalp Pain (Possibly Embolism)*—Very similar to that of Case No. 3, with sudden severe pain in the scalp, covering an area the size of a dollar, and following immediately the first injection of cocaine. It was so severe as to require a grain of morphia within three or four hours time and the patient has since remarked that the soreness of the throat was as nothing compared to the pain and subsequent tenderness in the scalp.

Acute Arthritis—One case, a man of 50, had a chill the second day after the operation with a temperature of 105, with redness and pain over each knee joint, followed by intense

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sweat, with complete disappearance of all symptoms in forty-eight hours. This patient had suffered previous attacks of rheumatism—the indication for his tonsillectomy.

Pneumonia—There has been one case of pneumonia, beginning the third day after the operation, the result of ether anesthesia. This party had a slight bronchitis and was advised to defer the operation for a week, but she rather insisted on its immediate performance, and we felt that probably the ether pneumonia resulting was largely produced by the attack of bronchitis.

Acidosis—Four children under ten years of age had suffered from the usual symptoms of severe acidosis, extreme nausea, frequent and severe vomiting, with that peculiar odor of the breath for two to five days after the operation. This complication has generally been regarded as due to ether.

Skin Rash—Five patients, all under puberty, have had a severe skin rash. In four cases they have resembled the drug rash or urticaria. One patient had a general pompholyx, beginning on the third day and was fairly distributed over the entire body. This condition was rather alarming at first. The blebs were unusually large and the patient had some delirium with temperature of 104. The blebs were punctured and she was given frequent baths in one to ten thousand solution of bichloride. The rash disappeared entirely within a week and there was no further discomfort.

Erysilepas—A man of 22 with incipient tuberculosis and suspected ulcer of the stomach was referred by his internist for a tonsillectomy and at the time of the operation nothing unusual was noted in his case. Three hours later he had a rather alarming arterial hemorrhage from the right side necessitating ligation of an artery. Some six hours later he had another hemorrhage from the left side and while checking this it was noted that he had a red patch about the size of a dime on his left cheek not far from his nose. The next day he had a temperature of 104 with a general facial erysipelas and for five days his condition was regarded as critical. His recovery was complete notwithstanding he had an unusual amount of redness and edema throughout the entire buccal mucus membrane. While following tonsillectomy, it is not believed there was any connection between the operation and the erysipelas.

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Otitis Media—There have been three cases of acute otitis media, neither one coming to a mastoid operation—probably all dependent on the adenoid rather than the tonsil operation.

Lung Abscess—A young woman of 22, apparently in excellent health had tonsils removed because of bad breath and occasional sore throat. There was nothing unusual about the operation. She had no unusual symptoms until about the fifth day when she had pain beneath the left scapula, followed by a general soreness through the chest and in twenty-four hours had high fever. She had a septic temperature for a month, had a scanty, but extremely offensive expectoration and showed all signs of definite sepsis, though careful physical examination by her family physician failed to reveal any definite indication of an abscess. Her doctor was never certain in his own mind as to the condition present, but I have always regarded it as a pulmonary abscess. It was some four or five months before the patient regained her full strength and vigor.

Appendicitis—A boy of twelve, a girl of ten, and a young woman of 27 developed their first attacks of acute appendicitis the third and fourth days after tonsillectomy. The third case occurred within ten days after the second, and during the operation it was remarked that an extensive cheesy detritus getting into the wound at a preceding operation had been followed by appendicitis. The anesthetist remarked, "We now have one case of appendicitis in the house following three days after a tonsillectomy by another doctor." This and other similar experiences have made me feel that it is wisest to clear out the crips of the tonsils as thoroughly as can be done a few days prior to instituting all operative measures in the throat.

Cough—Some six or eight of my patients have complained of spasmodic cough with disposition to clear the throat very much, as is present in cases where the uvula is elongated. This has been true in two cases where the uvula had been completed removed at a preceding operation and I am sure the symptom has resulted from some irritation in the contracting cicatrix.

Pain In Cicatrix has occurred in five cases; two of them have been women over thirty. They complain for several weeks of pain in the scar after tonsillectomy. In one or two I was able to locate a particularly sensitive spot, generally about where the anterior pillar and the posterior pillar join. In one of

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theses cases the pain was so persistent (lasting for four months) that I finally injected the area with novocaine and made a longitudinal incision. This was followed by relief for several weeks, after which the pain returned, but not so severe and in the course of four months it had disappeared. Two have been relieved by the extraction of a tooth showing granuloma at apex of the root.

Local Sepsis—A boy of seven had a chill the second day after the operation, followed by severe brawny edema, pain and tenderness along the left mastoid muscle. He ran a septic temperature for some ten to twelve days and presented many of the symptoms of thrombosis of the internal jugular vein. He had a leucocyte count of 30,000. Several times I was strongly tempted to put him to sleep and ligate the vein and was deterred by the fact that he had excessive enlargement of the lymphnodes and it was thought probably that much of this absorption was coming from them. It was two weeks before he passed the crisis, and some three weeks later before he returned to normal.

A man of twenty-seven had very much a similar experience though his symptoms began on the 9th day after tonsillectomy. He had less general reaction and suffered from wryneck some two months after disappearance of all signs of sepsis.

High Fever.—There have been two cases of hyper-pyrexia following within eighteen hours after operation. One a child of seven in normal health and excellent general condition had tonsils removed under ether at 9:00 o'clock in the morning. Tonsils and adenoids were large and obstructing, but otherwise nothing unusual noted. Six hours after, his temperature had reached 104 and it continued to rise until it passed 107, when he was put in a cold bath of 80 degrees for five minutes and his temperature was reduced to 103 within one-half hour. It did not go up again and in two days the patient was apparently normal. The other case of high fever was in a boy of 13, who had deeply buried tonsils filled with cheesy debris. His fever reached 106 3-5 about six hours after operation, when he had profuse and exhausting sweat with a return to normal temperature in two hours without any other untoward symptoms. It is presumed these cases present a form of allergy—from swallowing blood.

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Sudden Death—J. W., white, age 7, a healthy boy, whose chest and urine were examined with negative findings, was given ether at 5:00 P. M., and tonsils and adenoids removed without difficulty. The child was returned to the ward and appeared in perfectly normal condition with regular respiration and pulse, though he did not wake up from the ether. He appeared to be in natural sleep. A nurse was with him constantly, and one and one-half hours after the operation she called to the supervising nurse that the child was still asleep. The head nurse found his pulse 92 and of normal volume, his respiration regular and 26, and apparently he was in good condition. He was not sweating and his pupils seemed natural. Nevertheless she sent for the intern and explained that after one and one-half hours the boy was still sleeping and they had been unable to rouse him. While standing at the patient's bedside, the head nurse and intern had attention called to a patient in an adjoining bed who was suffering pain and within less than two minutes time and while standing within a foot of the little patient's bed this child expired without ever making a sound. The head nurse glanced back behind her and remarked, "This patient has quit breathing." The pulse had stopped and he showed no sign of ever responding to artificial respiration. He had no blood in his stomach. An autopsy was not permitted. The cause of his death must always remain obscure. So little is known of the modes of death in status lymphaticus that it is impossible to exclude this as a cause of death and yet it may have resulted entirely from the ether.

Hemorrhage—The great dread of a tonsil operation has generally been the fear of a hemorrhage and probably this has been magnified because of the fact that the patient sees this rich red stream and naturally dreads the probable outcome. Hemorrhage was in the early days of tonsillectomy a much dreaded complication, but since laryngologists have learned to handle it as hemorrhages are handled in all other surgical proceedures by pressure, clamping, tying and sewing it is no longer the great bugaboo it used to be. No record has been kept of the number of cases requiring ligation, twisting or pillar sewing at the time of operation. It has been necessary to visit thirty-seven of these cases because of hemorrhage occurring after the patient had been returned to the bed and I had left the hospital. The youngest of these was age seven and the

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oldest age 60. The earliest time at which hemorrhage has occurred has been within one hour and in only six cases has it occurred after twenty-four hours. In one case, a boy of sixteen, hemorrhage occurred 27 hours after operation. In this instance there had been rather free bleeding from an artery near the center of the right posterior pillar at the time of the operation. It had been clamped and all bleeding had stopped with no sign of recurrence during the removal of the second tonsil and it was thought safe to leave it alone. This is an experience which we all probably have had many times, but if repeated too often we may expect an occasional hemorrhage as was present with this boy.

In three cases there has been hemorrhage of several ounces occurring on the sixth day. In none of these was I able to reach the patient before the hemorrhage stopped and in no case was it necessary to use any operative measures. They have been under control by home measures before I was able to reach the patient.

Of the cases of hemorrhage requiring special efforts for control I have had four that seemed to be certainly of the serum kind. Two of these were sisters and were operated on by mistake in the fifth week after recovery from scarlet fever. A telephone message from their family physician explained that these children were just up from scarlatina, but he was understood to say five months instead of five weeks. In these cases the hemorrhage was profuse, but seemed to come more from the adenoid operation than the tonsils. They were easily controlled by the use of horse serum.

A young man of 23 had his tonsils removed at 9:00 A. M., and there did not seem to be any unusual bleeding. He was returned to bed and while we were making him comfortable his mother remarked that she was glad he did not have any trouble from hemorrhage because "he has always been a bleeder." About an hour later he began to spit up blood, blew it from his nose, spit it from his gums and it seemed to come from just everywhere in the mucous membrane. It seemed to ooze from the mucous lining of the mouth as well as the area in the throat. The use of horse serum produced immediate improvement in his condition but there was some bleeding for twenty-four hours. He had the second or third dose of horse serum, but we were never sure that these other doses

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produced any definite change in his condition. A rather interesting fact in connection with this case is, this man got his hand badly cut some two months after his recovery from his tonsillectomy and at this time he was amazed to find there was no tendency towards bleeding.

The other case of serum hemorrhage was in a colored girl of eighteen years. The hemorrhage was never profuse; in fact, it was a very small amount at any time but occurred every three or four hours for several weeks. She received three doses of horse serum of 20 c. c. each, but it never seemed to make any difference in her condition. The bleeding slowly disappeared and she left the hospital at the end of five weeks.

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THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITER.

S. L. Ledbetter, Jr., M. D., Birmingham.

For many years we have been interested in this complicated syndrome, with patients suffering with nervousness, tachycardia, enlargement of the thyroid gland and often, though not always, with over prominent eyes.

Moebius, in 1866, ascribed this condition to an increased activity of the thyroid gland; a view that, though since extended to include the action of the excessive thyroid secretion upon the autonomic nervous system, and other endocrine glands, prevails at present. However, something starts the thyroid gland into increased activity; producing (1) heightened excitability of the vegetative nervous system, and (2) secondary changes in the other endocrine glands, and (3) profound disturbances of metabolism. Crile, in 1913, in a most illuminating paper, on the Kinetic Theory of Graves' Disease, (Amer. Jour. of the Med. Sciences, Jan. 1913) summarizes his theory as follows:

"Graves' disease is not a disease of a single organ, or the result of some fleeting cause, but is a disease of the motor-mechanism of man—the same mechanism that causes physical action and that expresses the emotions. Its origin may be through either some stimulating emotion intensely or repeatedly given, or some lowering of the threshold of the nerve receptors; thus establishing a pathological interaction between the brain and the thyroid. This pathological interaction may be broken by diminishing the thyroid output, thus allowing the brain to regain normal control, or by securing physiological rest, which simultaneously secures normal control of the brain, which in turn will give the thyroid the opportunity of returning to the normal."

What has caused the inauguration of the thyroid activity and what impels its continuation? Let us consider some of the conditions present which seem to serve as exciting causes: It may follow an acute infection, such as tonsilitis, or in the

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wake of an infectious disease, as measles, typhoid, etc. It may follow large doses of iodin, the administration of excessive doses of thyroid extract, especially if there is present a colloid goiter; overwork, especially in adolescents; worry, physchic shock and emotional disturbances. All these exciting causes produce a lowering of the threshold of the nervous system to stimuli and a diminution of the normal control of the brain. The impairment of nervous control by various diseases and nerve strain would expose the thyroid gland to abnormal stimulation. This stimulation in turn would increase the output of the activating thyroid secretion, the effect of which would be to increase the excitability of the brain or, in other words, would sensitize the brain. This reciprocal interaction may continue until Graves' disease is evolved. The precise means by which this interaction is continued, that is, the physical chemical process by which it is wrought, is unknown, but it is known that this pathological interaction may be broken at either end; namely, by restoring to the brain its power of normal control, or by diminishing the output of thyroid secretions. If a case of Graves' disease can be so managed as to secure sufficient rest, secure a sufficient reduction of environment stimuli, the disease may be arrested or cured. It is usually impossible to disentangle this explosive vicious circle promptly enough, and frequently the mere effort at cure becomes an exciting cause. If the brain could enter into the state of actual hibernation, like a bear, the disease would certainly be cured; but unhappily the knowledge of the gravity of the disease itself becomes one of the psychic excitants which aggravates the disease. Although a widening experience confirms the value of surgical treatment of Graves' disease, there are still some who are not yet prepared to admit it."

Treatment.—The disease may be cured in one or more ways—by (1) a complete physiological rest; (2) cutting off the connection between the brain and the gland by tying off the superior poles of the gland; (3) diminishing the blood supply by ligating the thyroid arteries; (4) destroying a portion of the gland by Porter's boiling water injection; (5) the injection of quinine and urea into the gland; and (6) by partial excision of the gland. Of these, excision is the most effective and the immediate relief is most striking. However, it alone will not cure. A prolonged rest following the operation is necessary.

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Even then every case is not entirely cured. Some recover absolutely, some greatly improve, others only slightly, when the body has so degenerated that complete recovery is impossible. Relapses occur now and then, but I have never seen a case that was not improved.

Operative Measures.—I believe that Crile's method of handling these cases is superior to any other method. As soon as he adopted his present method there was an immediate fall in the mortality rate, and he was able to do resections on patients that would have been ligated had he operated by the usual methods.

The patient is sent to the hospital and is then told that she will get well and that she will suffer no unpleasant experiences. The patient is then put to bed with an ice bag over the precordial area. Great pains are taken to insure comfort and absolute quiet. To allay the nervousness, sponge baths are given frequently, and often it is advisable to give bromides to secure repose. As acidosis plays such an important role in this disease, sodium bicarbonate solution or alkaline mineral waters are given freely.

The patient is never told just when the operation is to take place. At about 7:00 A. M. and again one hour later, the patient is given a sterile water hypodermic and about 8:30 is visited by the anesthetist, who gives her an "inhalation" treatment. At first the anesthetist may give just a little oxygen with possibly a whiff or two of nitrous oxide. This is kept up for several days, until the patient is put entirely under. About 9:00 A. M. each morning the patient is given her breakfast. After several days when she has quieted down and is considered a favorable risk, morphia gr. ⅛; scopalamin, gr. 1-300 is given hypodermically and repeated in one hour. The patient is then given her usual "inhalation" treatment, only is put soundly to sleep. If she is then perfectly quiet the procedure decided upon is carried out. If the case be very severe, a boiling water injection or a ligation of the superior thyroid arteries is done in the room; but if thought favorable for resection, the patient is quietly lifted on the cart and wheeled to the operating room while under nitrous oxide anesthesia. In cases with an acidosis, glucose and sodium bicarbonate solutions are given per rectum before operation, and are not operated on

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until the acetone and diacetic acid have disappeared from the urine.

The patient on the operation table and prepared, the line of skin incision is infiltrated with novocain 1-400, (¼ of 1 per cent) and also the subcutaneous tissue for a wide area about the line of incision. The usual collar incision is then made down and through the platysma and the skin flaps dissected upward and downward. The muscles in the median line are then infiltrated with novocain and separated, exposing the gland. The preglandular muscles are then widely injected with novocain and divided transversely between transversely applied clamps. This is done on both sides, then before beginning the dissection of the gland, the muscles are well infiltrated with quinine and urea solution 1-600 to control the pain after operation. Then, say the right lobe is the larger of the two, it with the isthmus and part of the left lobe are removed, and the left superior artery is ligated. The operation should be performed with the utmost gentleness, and bloodlessly; all vessels being clamped before being divided. The dissection is carried close to the gland, care being taken that the cervical fascia does not take you too far out—staying close to the gland and doing a bloodless operation, leaving the fascial covering on the trachea you will not injure the parathyroid glands or the recurrent laryngeal nerves, and there will be very little post-operative cough and mucus. The vessels are tied off with fine black silk and if the wound is perfectly dry, is closed without drainage. The muscle is sutured with continuous catgut, buttonhole suture, and then a second time. The platysma is brought together with interrupted sutures, and the skin closed with Michel clips.

The usual post-operative hyperthyroidism and exaggeration of all symptoms is due to psychic and traumatic shock and the above method reduces that to a minimum.

Post-Operative Care.—The patient is taken back to her room while under the anesthetic and is allowed to wake up slowly, is put in a comfortable position, an ice pack is placed over the heart, and tepid sponge baths are given every four hours. If the patient be very restless, her hands and face are constantly sponged with ice water. Sodium bicarbonate and glucose solution is given per rectum. Morphia is given frequently enough and in sufficient doses to keep the patient quiet. If a reaction

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occur, rarely in less than twenty-four hours after the operation, the restlessness is again controlled by sponging with ice water and by morphia. After the first two or three days, morphia is not indicated, and a sedative such as sodium bromide is used instead.

The patient is allowed from the first to have as much nourishment as she will take. She is kept quiet and out of doors as much as possible. The outcome of these cases depends upon the exclusion of traumatic and psychic stimuli at the time of operation, and on keeping the patient quiet after operation. Even if the pulse-rate should increase after the operation, the prognosis is good in any case, if the patient be quiet and if there be no acidosis. If acidosis occur it is combatted with glucose and sodium bicarbonate solution per rectum, saline infusions, carbonates by mouth, and as much nourishment as can be taken. Frequently, and I know not why, thyroid extract will improve the condition of these severe post-operative cases.

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WOUND STERILIZATION.

LLOYD NOLAND, M. D., F. A. C. S., Birmingham.

During the past two years, much notable work has been done in the treatment of fresh and infected wounds and many able articles have appeared in current medical literature, with which all of you are, of course, more or less familiar. The present paper is based on personal observations and experience in the European war zone in 1916, the work in a large industrial clinic since that time, and the writings of Carrel, Dehelly, Dakin, Depage, Wright, Moynihan, Gibson, Sherman, Lyle, Lee and Sweet.

No attempt will be made to go into very minute details of the various treatments that have been tried, owing to limited time, the purpose being to give a brief summary of the salient points of different notable methods, with our conclusions of their value in civil practice.

Carrel Method. Dakin's Hypochlorite Solution.—The following description of the Carrel-Dakin technic, applies to the cases coming under treatment within twenty-four hours after injury:

If the wound is at all severe and the patient's general condition permits, he is put under a general anesthetic as soon as the preliminary examination is made. After shaving and preparation of the surrounding skin with tincture of iodin, the entire wound tract is opened widely and all foreign bodies, such as fragments of shell, pieces of clothing, completely detached bone fragments, etc., are removed and all macerated tissue is trimmed away, followed by the most careful hemostasis; or in other words, the entire wound is excised as completely as functional and anatomical considerations will permit.

The entire procedure is carried out under the most rigid aseptic and antiseptic precautions, the wound being frequently wiped out with sponges soaked in Dakin's solution. Small instillation tubes consisting of rubber tubing from 4 to 7 mm. in diameter, closed at one end, and with eight to ten small per-

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forations from 0.5 to 1 mm. in diameter near the closed end, are then introduced into the wound, the number used depending upon the size of the wound; the object being to reach all parts of the wound with the fluid instilled through the tubes. These tubes are held in position by gauze sponges wet with Dakin solution which are lightly placed about them but never packed tightly into the wound. Neighboring skin surfaces are then protected by vaseline gauze and the whole covered with a light gauze and cotton dressing from which the tubes protrude.

After the patient is placed in bed, the instillation tubes are connected to a glass "telltale" with the necessary number of tips. The "telltale" is connected by rubber tubing to a glass container, filled with Dakin solution, suspended about thirty inches above the level of the patient. An ordinary tubing clip is placed on the tubing just below the container. At two-hour intervals throughout the twenty-four, the attending nurse releases the clip sufficiently to allow the filling of the wound with the solution. A little practice will enable her to do this accurately enough to prevent soaking the dressings or the bed.

Once in twenty-four hours the wound is dressed, observing the most careful asepsis. The lightly placed gauze sponges are removed with forceps and the tubes inspected and replaced if necessary. Any secretion is wiped out of the wound with a sponge wet with Dakin's solution, fresh sponges wet with Dakin's solution are placed about the tubes and the dressing applied as before. It is usually necessary to replace the tubes every third or fourth day, as the solution destroys them in a very short time.

Every second day a smear of material taken from various parts of the wound with a platinum loop is made, is fixed by heat, stained and examined in the laboratory. A report showing the average number of bacteria by field, is sent to the ward and entered on a microbic chart attached to the patient's record, which shows graphically the bacteriological condition of the wound, and which is regarded as much more important than the temperature chart.

When the bacteriological report shows a microbic index of less than one microbe to every five fields for two successive days, the patient is taken to the operating room, anesthetized, and the wound closed by suture exactly as though it were a fresh operative incision.

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The foregoing description of Carrel's technic applies almost entirely to the wounds of war, but the method is equally applicable to the treatment of open wounds encountered in civil life and in the industries. From October 1, 1916, to January 1, 1917, the use of iodin, iodin and benzene, alcohol, mercuric chloride and similar antiseptics for the early and late treatment of wounds, was entirely abandoned in our large industrial clinic, and all classes of open wounds were treated with Dakin's solution. Fresh wounds were cleaned with gauze soaked in the solution before suturing and all minor wounds were put up in a wet dressing of the same. This dressing was thoroughly moistened every two hours with the solution by the patient, if he was being treated at home, or by the nurse if he was in the hospital. Burns of all degrees were treated in exactly a similar manner. More serious and deep wounds and especially those with loss of substance or involving bone or joint, were treated by the instillation method.

The substitution of this technic for that formerly used resulted in a series of about 15,000 cases, in a reduction of 42 per cent in the total number of days lost per injury. The solution is used without hesitation in the peritoneal cavity, the uterus and the eye in cases of corneal ulcer, with excellent results. The writer claims priority in the use of this solution in the abdominal cavity, having treated a case of general peritonitis by the instillation method, in October, 1916, and having reported it in a brief paper in November, 1916. Since that time we have treated 14 cases of general peritonitis by this method, with but one death. The application of the solution to tissue is usually painless and wounds in which the treatment is begun immediately after injury heal with wonderful rapidity, with virtually no scar formation and without the consequent contractures so common in wounds involving muscle and tendon. Burns heal in a fraction of the time required under other commonly used treatments and with a minimum of scarring but in a certain proportion of cases, decided pain is complained of when the solution is applied. Grossly infected wounds, even when bone and joint cavities are involved can be thoroughly sterilized if the technic is faithfully observed, or to be more emphatic, if the preliminary preparation of the wound is carefully attended to, if the tubes are so arranged that every portion of the wound is reached by the solution at two-hour

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intervals and if redressings are done under rigid aseptic precautions.

The marked superiority of this technic over anything previously devised for handling this class of cases was easily apparent to anyone taking the trouble to go into the method and beyond any doubt, certain salient points were established which will always stand as a monument to Carrel, and on which other successful methods have since been based.

The Carrel-Dakin method, however, with all of its advantages, has certain drawbacks.

(1) The hypochlorite solution must be prepared with the utmost care, and is very unstable.

(2) The active chlorine is given off very rapidly when the solution is in contact with wound exudate, requiring re-instillation at two-hour intervals, day and night, and serious results may follow if this regular instillation is not strictly adhered to.

(3) The amount of gauze and cotton required in dressing is rather large and the present cost of these articles makes the technic a somewhat expensive one.

(4) The solution is painful to certain individuals, and prolonged contact with skin surfaces often causes decided irritation.

Rutherford Morrison's Technic. Bipp.—This method is widely practiced in British base hospitals, and by many surgeons is considered the most satisfactory method at present in use. The technic is about as follows:

The wound is freely opened up after careful preparation of surrounding parts and all recesses are thoroughly explored. In the case of a fresh wound, the entire wound area is completely excised if anatomically possible, bleeding is controlled by lightly packing the wound with gauze saturated with alcohol, after which the surgeon makes a complete change of gloves and gown and a fresh set of instruments is furnished. The light packing is then removed and all wound surface is covered with a thin layer of "Bipp" (Bismuth subnitrate or carbonate one part, iodoform two parts, paraffin sufficient to make up a soft paste). This paste is thoroughly rubbed into the tissue and the wound is completely sutured without drainage. The part is then immobilized by splints and unless there are strong contraindications, the wound is not touched for ten days, at the end of which time it is usually healed. In the case of grossly in-

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fected wounds, very much the same technic is followed, the utmost care being given to the removal of all granulation tissue, dead and loose portions of bone, foreign bodies, etc., after which the wound is thoroughly rubbed with "Bipp" and if possible, is sutured without drainage or with two or three strands of silkworm gut in one angle of the wound as a small drain.

Dakin's Dichloramine-T Method. Technic of Lee and Furness.—In their search for a chlorine compound of a more stable character than the original hyochlorite, Dunham and Dakin introduced a practically stable non-irritating synthetic double chloramine compound, Toluene-Parasul phonidchloramine, or Dichloramine-T, dissolved in a chlorinated oil. This compound has the advantage that the germacide chlorine is slowly liberated over a period of 18 to 24 hours, instead of in from thirty minutes to one hour, as with the hyochlorite solutions. The details of its application have been worked out by such able clinicians as Lee, Sweet, LeConte and Furness. The technic is exceedingly simple.

After careful surgical preparation of the surrounding field and excision of all devitalized tissues, followed by careful hemostasis, the solution is applied with an atomizer in the form of a spray, or in the case of very deep wounds, is literally poured into the wound until every part of the wound surface is reached. The part is then covered with a very light gauze dressing and immobilized if possible. Redressings are practiced at twenty-four hour intervals, under rigid aseptic precautions, the wound wiped free of secretions and the solution applied as before. Bacterial check as outlined by Carrel can be maintained and the wound closed when indicated.

The method is absolutely painless, is exceedingly easy to handle and allows decided economy in the use of dressings. It is applicable to fresh wounds that are to be sutured immediately, as well as to deeply infected wounds. The results are excellent in cases of burns of all degrees and its use in the abdominal cavity has been favorably reported. For the past two months we have used this method in virtually all of our work with splendid results, and with none of the disadvantages attached to the hypochlorite solution. Fresh wounds, carefully prepared and treated with the solution before suture, have uni-

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formly healed primarily, and infection in deeper wounds has been controlled without difficulty.

Dichloramine-T in powder form is entirely stable in dark colored bottles. We are at present using it in 5 per cent solution in a chlorinated paraffin oil which is procurable under the trade name of Chorcozane. The solution is kept in dark colored bottles and as far as we have been able to discover by personal experience or through information furnished by authors already mentioned, the solution is stable up to at least thirty days, and probably longer.

CONCLUSIONS.

(1) The technic as developed by Carrel, has set a standard for wound treatment that should be carefully observed, whether or not the hypochlorite solutions are used.

(2) Dichloramine-T in 5 per cent solution in Chorcozone is an ideal antiseptic for the early and late treatment of wounds, and has many advantages over the hypochlorite solutions.

(3) Although the chlorine compounds have marked antiseptic value, they are not cure-alls and no chemical agent is of value unless extremely careful surgical technic is observed, both in primary treatment and in redressings.

(4) Morrison's method owes its success to highly developed surgical technic and not to the use of Bipp. The substitution of Dichloramine-T for Bipp gives much better results.

The writer wishes to acknowledge with gratitude the invaluable instruction given him by Dr. Carrel at Compiegne, and the valuable assistance kindly given by Dr. Walter E. Lee, of Philadelphia.

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SOME INTERESTING SURGICAL PROBLEMS.

WILLIAM R. JACKSON, M. D., Mobile.

Unsolved problems of surgery of three hundred years ago are *today* still very interesting. They are *interesting* because they have *not* been entirely, completely and satisfactorily solved. When any problem has been *thoroughly* mastered, lively interest therein immediately ceases. A surgical problem is said to be solved when the application of rules and laws deduced by analytical process and practice results in absolute cure of the patient. Since many of our cases remain uncured or die during treatment, it is safe to conclude that we have not solved all the problems of their various maladies.

The most interesting and important surgical problems of the present time may be classed under three principal divisions, viz: (1) Trauma; (2) Infection; (3) Malignancy.

Trauma.—The study of wounds, accidental, intentional and military is today engrossing the minds of the greatest surgeons of the world. How to combat factors inimical to the rapid healing of wounds, and to aid in the speedy restitution of traumatized tissues, constitute the principal aims of the modern surgeon. The paramount question in the treatment of wounds is, "What is the quickest, surest and best method of producing *restitutio ad integrum?*

The old plan of letting nature take her course in throwing off detritus, or debris by suppuration, sphacelation, and absorption is now replaced by more heroic and aggressive measures, laying wide open the wound and dissecting away all necrotized and bruised tissue down to vascular and living areas, then treating with antiseptics until aspetic granulations form, then the whole wound is sutured without drainage.

Infection.—The *bete noir* of the surgeon is uncontrollable suppuration. When the fires of pyogenesis—the streptococcic flames begin to spread rapidly throughout the tissues and organs of the body, then the surgeon throws up his hands in utter despair and exclaims, "What a holocaust of tissues—when will it end?"

Notwithstanding the application of all the best known antiseptics, such as Dakin-Carrel solution, Dichloramine-T, iodine,

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mercury and silver salts, the inflammatory process hurries on till the tissues are destroyed or the patient loses his life. When gasogenic bacilli (bacillus aerogenous capsulatus) invade tissue, even living tissue, and begin their rapidly destructive work of dissolving the structures of the body, forming various emphysematous, putrescent gases,—then it is that the surgeon is filled with anxiety and trepidation and feels his utter helplessness to cope with the condition. Thanks to the investigation of Bull and his serum, we are now better prepared to combat this fatal malady.

When tetanic infection is manifested after punctured or military wounds, we are solicitous of the ultimate results. How often do we see cases apparently mild at first, terminate in speedy death. Despite the use of antiseptics and the administration of anti-tetanic serum by all the modern methods, the patient often succumbs.

Malignancy.—Sarcoma and carcinoma are neoplasms which have an innate tendency to destroy life, and each year these destructive diseases claim their victims by the thousands. As yet, the essential etiologic factor of malignancy has not been demonstrated,—nor has any efficient remedy been discovered that will eradicate these erratic growths of cells, when once they are metastatic. So, trauma, infection, and malignancy are the paramount questions for the surgeon to solve today, just as they were three centuries ago. When these problems are completely solved, longevity will reign supreme. When we can so manage a wound as not to have deformity, mutilation, but have rapid and prompt repair, without infection, then we will have reached perfection in wound treatment. When we can control the most virulent infections, such as pyogenic, tetanic, gasogenic, luetic or tubercular, then we will have arrived at the acme of bacteriology. When we are enabled to diagnose early all neoplasms that will become malignant, and remove them at this stage, i. e., before erratic growth, then we will no longer have the dreaded cancer.

The great desiderata of surgery then are: (1) To perfect an ideal mechanical wound treatment. (2) To discover an agent that will utterly destroy or annul all infections. (3) To ascertain the activating agent of the malignant cell and to control its activity. When all these things are accomplished, then the *Ultima Thule* of our profession will have been reached.

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GENERAL SUPPURATIVE PERITONITIS OF APPENDICEAL ORIGIN.

E. P. Hogan, M. D., Birmingham.

There are those who appear to believe that the appendix and its pathology are so well and generally known that one should apologize for reading a paper on this subject. The late and lamented John B. Murphy was not one of these. It is said that when the members of John B. Deaver's family were to take a trip abroad, being away from home several months, that he would not consent to their going until each one had submitted to the removal of the appendix. Murphy, even to the last, would discuss with great fervor in his clinics appendicitis and its complications. He never apologized for these discussions and he did not believe that one could know too much of this ever-present and treacherous part, rudiment, or appendage of the intestinal tract. The writer does not believe that we can discuss the appendix, its diseases and complications, too often, or that we even now know all there is to be known about this apparently simple but treacherous appendage and its pathology.

It is not my purpose to review the literature of appendicitis and its complications. I shall confine myself in the main to discussing the treatment which I have used in my cases of general suppurative peritonitis.

In 1913 Murphy, in discussing, in his clinic, suppurative peritonitis, made this remark: "A very short time ago there appeared an article in which the author reported four hundred cases of perforative appendicitis with suppuration into the free peritoneal cavity, with only a few deaths—all occurring within one year. It is difficult to believe that any one man could have four hundred cases of that kind in a year. We have had about 92 or 93 cases in seven years—where there was a direct passage of infective products from the appendix into the free peritoneal cavity."

In reviewing my cases of appendicitis, I find that I have 18 cases which appeared to be general suppurative peritonitis

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of appendiceal origin. By this I mean that the abdomen was full of pus, and the infection seemed to be a general suppurative condition of the peritoneum, in which the appendix was the original source of infection. I do not include in this class the cases in which the appendix had ruptured, but which had been operated on before this extreme general suppurative condition had developed. I have had only three deaths in these cases and only one death in the simple and ruptured cases.

It has been said that the appendix is the surgeon's friend. This may be true. It cannot be said of the neglected cases of appendicitis. The treatment of these neglected cases, which develop into the general suppurative type, cause many anxious hours to the most experienced and skilled surgeons.

The treatment which I have used in my cases is:

I. (a) The lower bowel is cleansed by a glycerin enema. If the enema is not discharged, a rectal tube is inserted. By cleansing the lower bowel, the proctoclysis in the post-operative treatment is more readily absorbed.

(b) Morphia, gr. ⅛ and atropin gr. 1/150 are given hypodermically.

(c) Patient is taken to the operating room immediately.

II. Operation.

(a) Every preparation is made for the operation before the anesthetic is given. It is especially important to see to it that the fenestrated and split rubber tubes and cigarette drains are provided. The tubes should be moderately large and of soft rubber. The cigarette drains should be prepared by placing one layer of long, thin gauze over the rubber tissue, which should be a little wider than the gauze. The rubber tissue and gauze are then rolled loosely together. The rubber tissue in this way is between each layer of the gauze. The tissue should overlap the gauze, and the ends should be trimmed so that the gauze and tissue are of the same length in the drain. If the gauze is rolled separately and then the rubber tissue is applied, the drainage will be very imperfect, if at all. Sterile safety pins should be provided for these drains. By neglecting the proper preparation of drains, considerable time may be lost in the operation and possibly the proper drains may not be secured at all. It seems a small matter, but it is of the greatest importance to the patient. His only chance is in

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drainage and it must be free and adequate. The surgeon, his assistants, the nurses, and the entire preparation are ready for the operation and in extreme cases the patient's abdomen is prepared for the operation, before the anesthetic is begun. The anesthetic of choice should be administered only in sufficient quantities to permit an operation of the shortest possible duration. The operation should be thorough, but should not be prolonged one minute beyond the time that is absolutely necessary. In most of my cases I have used the McBurney-Harrington incision. With the post-operative treatment which I have used I believe this incision is adequate. All of the free pus that will, is permitted to run out of this incision. The appendix is removed by tying it off and amputating it.

If the patient's condition will permit, and the cæcum is not too extensively necrosed, the stump is sterilized with carbolic acid and invaginated by a purse string suture, or by Limbert sutures. Much pus may be removed from the abdomen and pelvis by placing gauze packs, out of warm normal salt solution, in the abdomen and pelvis. This may be done several times, without force and trauma, to get advantage but I do not consider it essential. *The absolutely necessary things to do are to close the leak from the intestinal tract and to provide for free and adequate drainage.* A drain consisting of one light cigarette and one or two moderately large fenestrated split rubber tubes are placed in the kidney pouch and in the pelvis, extending through the incision. In some cases it may be advisable, but I do not consider it necessary to make a suprapubic stab incision, and place the same character of drain in the pelvis through this opening. The original incision is partially closed by using through-and-through silkworm gut in each end. The drains should be secured by safety pins, but should not be compressed by the partial closure. A large dressing of gauze and cotton should be applied.

III. Post-Operative Treatment.

(a) Extreme Fowler position.

(b) Right side continuously for 3 to 5 days.

(c) Proctoclysis continuous—normal salt, or sodium bicarbonate and glucose.

(d) Hypodermoclysis is given if indicated or if indicated normal salt solution is given directly into a median Basilic vein.

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(e) Dressed frequently—2 to 3 hours, then 3 to 6 hours or as required.

(f) Morpia gr. ⅛ (adult)—As required to keep patient comfortable for 48 to 72 hours.

(g) Strychnine gr. 1/60, spartein gr. 2 (adult)—q. 4 h. Hypodermically.

(h) Catheterize in 8 to 12 hours if patient does not void or sooner if patient is uncomfortable—rigid asepsis.

(i) Water and cracked ice as desired after operation. Hot broth if desired after 12 hours and liquids after 24 hours if there is no nausea. If patient complains of hunger, liquids, dry toast and soft egg may be given after 72 hours.

(j) If nausea is present, the stomach is washed with sodium bicarbonate water until it returns clear and the washings repeated as required.

(k) Cigarette drains are removed 72 hours after operation. If the patient is not doing well and is not draining freely or adequately they may be removed after 18 hours. If drainage is free and adequate and the patient's condition is not alarming, it is better not to even loosen the drains for 72 hours. When the cigarette drains are removed, the rubber tubes are held in place by forceps and permitted to remain for two or five days more, when they may be replaced by fresh tubes. If the patient is very septic and the drainage is profuse, by using a rubber catheter attached to an irrigating tube, connected with a container of warm normal salt solution, the catheter can be inserted into the drainage tract and by copious irrigation, the pus is removed, toxins are eliminated and the patient immediately feels refreshed and more comfortable. By giving these irrigations every six to twelve hours the drainage tract discharges the pus with its toxins freely and an apparently hopeless case begins to improve and by thus aiding the drainage tract by normal salt irrigations, the drainage tubes may be removed within a few days. The rubber catheter at each irrigation will keep the tract open until it is clean and sterile, when no irrigations are required. It has become a clean case.

(l) Eserin gr. 1/100 and strychnine gr. 1/60 (adults)—Are given about 72 hours after the operation, and repeated in four hours. One hour after the first hypodermic of eserin and strychnine, a glycerin enema is given and if not returned, a rectal tube is inserted. The next day the same orders are car-

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ried out. After that, daily enemas are given if there is no free bowel movement.

(m) Purges are not given earlier than the fifth or sixth day, and are rarely required then if the daily enema is given.

The eserin appears to overcome the formation of adhesive bands by producing mild, general peristalsis and aids in the discharge of flatus and feces.

REPORT OF CASES.

Case No. 1.—Admitted to Hillman Hospital, January 10, 1914. Name—Louis S. Sex—Male. Age 14. Complaint—Generalized abdominal pain. Recurrent attacks of pain in abdomen. Present attack began four days before being admitted to hospital. Had nausea, vomiting, pain in abdomen and temperature. On admission temperature 102 3/5, respiration 24, pulse 120, and general abdominal distention. Entire abdomen very tender and painful. Heart and lungs negative. Urine negative. No constipation. Leucocyte count, 17,000.

Diagnosis.—General peritonitis from ruptured appendix. Operation January 10th, 1914, four days after symptoms of appendictis in present illness.

Description.—The abdomen was opened—McBurney-Harrington incision. Large quantity of free pus drained from the incision. Large ruptured gangrenous appendix was removed. Free drainage was provided by a cigarette and fenestrated rubber tube placed in the kidney pouch and in the pelvis, and a suprapubic stab opening was made, through which a cigarette and fenestrated tube was placed in the pelvis. Patient's pulse at beginning of operation, 144; at end, 120. Operation began 9:15 p. m., finished 9:40 p. m. Patient was well and went home February 4th, 1914.

Case No. 2.—Admitted to Hillman Hospital 7:30 p. m., October 27th, 1914. Name—Adam McD. Negro man. Age 40. Complaint—Generalized pain in abdomen. Has had recurrent attacks of nausea, vomiting and pain in abdomen. Present attack began two days before being admitted. Was more tender in right iliac region on first day of attack.

Examination on Admission.—Temperature, 97½; pulse, 120; respiration, 30; heart and lungs, negative; urine, negative; leucocyte count, 12,500. Head and extremities moist, abdomen exquisitively tender and marked distention.

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Diagnosis.—General suppurative peritonitis. Operation was performed in less than an hour after being admitted to the hospital. Technique as in Case No. 1. Appendix had sloughed in a retrocecal abscess which had ruptured into the general cavity, producing general suppurative peritonitis with a large quantity of pus. Patient was well and went home December 10th, six weeks after the operation.

Case No. 3.—Admitted to Hillman Hospital November 24th, 1914. Name—Norman McK. White boy. Age 14. Complaint—Generalized pain and distention of abdomen. Family history unimportant. Has had ordinary diseases of childhood. Typhoid at age of six years. Has had indigestion or stomach trouble for past two years. At times abdominal pain would be so great as to cause paroxysms of pain or spasms. Present attack began two days before admission to hospital with nausea, vomiting and pain in right iliac region. Temperature was high.

Examination on Admission.—Temperature, 101 2/5; pulse, 120; respiration 36; urine, negative; leucocyte count, 30,000. Heart and lungs negative. Abdomen distended and very tender on pressure.

Diagnosis.—Peritonitis due to ruptured appendix. Prepared for operation at once.

Operation.—On opening abdomen a large quantity of pus was evacuated, a gangrenous ruptured appendix was removed and free drainage provided. Patient was well and went home in nine weeks.

Case No. 4.—Admitted to Hillman Hospital April 27th, 1915. Name—Paul P. Negro boy. Age 13. Complaint—Generalized pain in abdomen. Present illness began with a chill seven days before admission to hospital. Patient was nauseated and vomited at intervals. Had high temperature and pain in abdomen. Bowels have moved once or twice daily.

Examination on Admission.—Temperature, 102 1/5; respiration, 54; abdomen greatly distended and tympanitic; no marked tenderness on pressure. Urine, negative; leucocyte count, 12,000; heart and lungs, negative.

Diagnosis.—General peritonitis.

Operation.—On opening abdomen, copious quantity of pus escaped. A large necrotic ruptured appendix was removed and

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free drainage provided. Patient was well and went home four weeks after operation. Mixed infection vaccine was used in this case, one-half c.c. subcutaneously every third day for three weeks after operation.

Case No. 5.—Admitted to Hillman Hospital 7 P. M., December 15, 1915. Name—Miss B. H. White girl. Age 17. Present illness began five days before being admitted to hospital, with pain in lower part of abdomen. The pain was general but was acute in iliac regions. Pain in both iliac regions from beginning. On right side pain extended to appendiceal region. Two days before being admitted to hospital patient began vomiting and has been nauseated and vomiting at intervals since. Cannot retain anything on stomach. Patient on being admitted was given a glycerin enema at once with good results. She appeared to be greatly relieved and wanted to go to sleep. She was placed in the Fowler position and rested comfortably during the night. She was seen by me at 9:30 the morning following her admission.

Examination.—Temperature, 99 4/5; pulse, 116; respiration, 32; heart and lungs, negative; urine, negative; leucocyte count, 16,500. Abdomen greatly distended, expression anxious, eyes glaring, mental confusion, skin moist. She was taken to operating room at once. Morphine gr. ¼ and atropin gr. 1/150 were given and every preparation made before anesthetic was begun. Light ether anesthesia. Abdomen was opened through median incision. An incredible amount of pus was present. The ruptured gangrenous appendix was removed and free drainage provided. The patient was overwhelmed with toxins and died at 5:45 P. M. on the day of the operation.

This case should have been sent in five days earlier and should not have been given morphine during her illness. The operation should have been done the night she was admitted and not postponed until the next morning. On admission her condition was thought to be of pelvic origin.

Case No. 6.—Admitted to Hillman Hospital March 26th, 1916. Name—Fannie W., negro girl, age 17. Complaint—Pain in abdomen. Family history unimportant. Menses began at the age of thirteen, always regular until two weeks ago. Has had Neisser infection. Has had uterine hemorrhage for past two weeks. Has for some time had pain in

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lower abdomen and pelvis, and leucorrhea. Present illness began three days before admission to hospital. Had nausea, vomiting and pain in abdomen, headache, and backache, and temperature.

Examination on Admission.—Temperature, normal; pulse, 108; respiration, 24; urine, negative; leucocyte count, 18,000. Heart and lungs negative. Abdomen not distended and not painful on pressure. Very tender in right, posterior, and left fornices.

Diagnosis.—Right and left tubo-ovarian infection with a probably ruptured appendix. Operation was advised, but patient refused. The following morning temperature was 100 2/5, pulse 120, respiration 24, abdomen distended and painful. Operation refused. The patient would not consent to operation until the third day after admission to hospital. At this time temperature was 99 2/5, pulse 120, respiration 24, abdomen distended but not very tender.

Operation.—Median incision, abdomen full of pus, ruptured appendix removed and free drainage provided. Tubes and ovaries formed an adherent mass in the pelvis. They were not disturbed, the appendix being the cause of the emergency condition. Patient was well and went home in five weeks.

Case No. 7.—Admitted to Hillman Hospital May 19, 1912. Name—Louis D., colored child, age 10. Complaint—Generalized abdominal pain. Present illness began one week before admission to hospital with pain in right iliac region. No nausea or vomiting. Bowels moved once or twice per day. Pain has become generalized over the entire abdomen.

Examination on Admission.—Temperature 102 2/5, pulse 122, respiration 42, urine negative, leucocyte count 25,000. Abdomen greatly distended and very tender on pressure. Child appears to be very ill.

Diagnosis.—General peritonitis. Patient was taken immediately to the operating room.

Operation.—Abdomen was opened—McBurney-Harrington incision—and found to be full of pus. Ruptured gangrenous appendix was removed. Cigarette and rubber tube drains were placed in the kidney pouch and in the pelvis. Post-operative treatment as outlined in paper. Patient was well and went home in three weeks.

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Case No. 8.—Admitted to Hillman Hospital January 20th, 1916. Name—Miss Alma S., white woman, age 18. Complaint—Generalized pain in the abdomen. Present illness began three days before being admitted into the hospital. The pain was severe in nature and lasted for several hours. No nausea and vomiting. The pain disappeared, but recurred the next night, was more severe, and was accompanied by nausea, vomiting, temperature and free perspiration. Patient came to hospital the following day—the third day after the attack.

Examination on Admission—Temperature 99 2/5, pulse 100, respiration. Patient was not suffering. Abdomen was not tender and no emergency condition seemed to exist. I saw the patient the following morning, when the temperature was 102 and pulse 120. Respiration 24. Abdomen distended and exquisitely tender. Heart and lungs were negative and urine negative. No leucocyte count was made. The patient was prepared for immediate operation.

Operation.—On opening the abdomen—McBurney-Harrington incision—it was found to be full of pus. A ruptured gangrenous appendix was removed and free drainage in the kidney pouch and pelvis provided. This patient had a very virulent infection, and it appeared at times as if she would not get well, but she was well and went home eight weeks after the operation.

Case No. 9.—Admitted to the Hillman Hospital February 5th, 1916. Name—Mrs. Addie S., white woman, age 20. Complaint—Generalized abdominal pain. Present illness began about ten days before being admitted to the hospital. There was nausea and vomiting and pain in the right iliac region. Constipated. Pain in the abdomen has been continuous, but is now more severe in the left iliac region.

Examination on Admission.—Temperature 99 3/5, pulse 120, respiration 26, urine negative, leucocyte count 15,000. Abdomen very rigid but not distended. Is most painful in the left iliac region.

Diagnosis.—General peritonitis, due to ruptured appendix.

Operation.—McBurney-Harrington incision. On opening the abdomen, a posterior retrocecal appendiceal abscess, which had ruptured into the general peritoneal cavity, was found. The ruptured gangrenous appendix was in this mass. Free

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pus was distributed throughout the abdomen. It was evident that the general suppurative condition had followed the rupture of the retrocecal abscess. The patient was well and went home February 27th—22 days after operation.

Case No. 10.—Admitted to the Hillman Hospital January 4th, 1916. Name—Nezie M., white girl, age 11. Complaint—Generalized abdominal pain. Present illness began one week before the patient was admitted to the hospital. At first the pain was general in the abdomen. No nausea or vomiting. On the second day the pain was in the right iliac region. A mass formed in this region. After this mass had formed she was nauseated and vomited at intervals. Marked constipation. The entire abdomen has become distended and painful.

Examination on Admission.—Temperature 99 4/5, pulse 136, respiration 30, urine negative, leucocyte count 17,000, heart and lungs negative. Abdomen greatly distended, tympanitic and painful on pressure.

Diagnosis.—General peritonitis.

Operation.—McBurney-Harrington incision. On opening the abdomen, a necrotic, ruptured appendiceal abscess was found. The abdominal cavity was full of pus. The pus was evacuated and free drainage provided for. The patient was well and went home January 28, twenty-four days after the operation.

Case No. 11.—Admitted to the Hillman Hospital April 6th, 1917. Name—Mrs. W. C., white, age 23. Complaint—Generalized abdominal pain. Present illness began with a chill, nausea, vomiting and pain in the abdomen, ten days before admission to the hospital. Pain became localized in the right iliac region, but now the entire abdomen is tender and the pain is greatest in the left iliac region.

Examination on Admission.—Temperature 99 3/5, pulse 108, respiration 24, leucocyte count 11,000, urine negative, heart and lungs negative. The abdomen is not distended, but is rigid and very tender on pressure. There is exquisite tenderness in the left iliac region.

Diagnosis.—General peritonitis. The patient was prepared for immediate operation.

Operation.—On opening the abdomen—McBurney-Harrington incision—free pus was found, which seemed to fill the entire abdomen. The stump of the appendix was removed and

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free drainage was provided. This patient did well until the twenty-first day, when the irrigations were discontinued, contrary to orders. She died three days later, being overwhelmed with toxins. On the day of her death the one whose duty it was to give these irrigations admitted that the irrigations had been discontinued contrary to my orders.

Case No. 12.—Admitted to the Hillman Hospital August 19th, 1917. Name—Audrey McW., white girl, age 7. Complaint—Generalized abdominal pain. History of recurrent attacks of pain in the abdomen. The present attack began about a week before being admitted to the hospital. Had nausea, vomiting and pain in the abdomen.

Examination on Admission.—Temperature 101 1/5, pulse 122, respiration 28, heart and lungs negative, urine negative, leucocyte count 19,000. Abdomen greatly distended and painful on pressure.

Operation.—On opening the abdomen—McBurney-Harrington incision—it was found to be full of pus. The ruptured gangrenous appendix was removed. The patient was well and went home five weeks after the operation.

Case No. 13.—Admitted to the Hillman Hospital September 9th, 1917. Name—Eldon C., white boy, age 13. Complaint—Generalized abdominal pain, following the disappearance of a hard tender mass in the right iliac region.

Examination on Admission.—Temperature 99 3/5, pulse 108, respiration 24, urine negative, heart and lungs negative. No leucocyte count was made. Entire abdomen was rigid and exquisitely tender on pressure.

Diagnosis.—General peritonitis due to ruptured appendiceal abscess.

Operation. — McBurney-Harrington incision. Free pus seemed to fill the abdomen. The ruptured gangrenous appendix was found in the ruptured retrocecal abscess. It was removed and free drainage was provided. Patient was well and went home four weeks after the operation.

Case No. 14.—Admitted to Davis Infirmary March 21st, 1917. Name—Ruby T., white girl, age 8. Complaint—Generalized abdominal pain. Present illness began with severe pain in abdomen, five days before being admitted to the hospital. Patient was nauseated, vomited and had high temperature. Constipated.

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Examination on Admission.—Temperature 102 2/5 axilla, pulse 160, respiration 42, leucocyte count 15,000, urine negative. Abdomen greatly distended and very tender on pressure. Expression anxious, involuntary movements. Nauseated and vomiting. Patient was given morphia gr. 1/24 and atropin gr. 1/600 and was taken to operating room.

Operation.—McBurney-Harrington incision. Light gas oxygen and ether anesthesia. On opening the abdomen, an incredible quantity of thick, very offensive pus escaped. The appendix, which apparently had not ruptured, was ligated close to the cæcum and was removed. Free drainage was provided. The patient's condition was extremely bad. She drained profusely. The irrigations were started 18 hours after the operation. Patient was well and went home April 30th, 39 days after the operation.

Case No. 15.—Admitted to Hillman Hospital October 25th, 1917. Name—Elvin H., white boy, age 11. Family history unimportant, except that an older brother had died of a similar attack six months before, after an operation for it. The present illness began with a chill, nausea and vomiting and pain in abdomen 11 days before admission to hospital.

Examination on Admission.—Temperature, 99 3/5, pulse 102, respiration 28, urine negative, leucocyte count 8,600. Abdomen greatly distended, rigid and very painful on palpation.

Diagnosis.—General peritonitis. Patient was immediately taken to the operating room.

Operation.—Right rectus incision was made. Large quantity of thick pus, which seemed to fill the entire abdomen, escaped. A ruptured necrotic mass was well up under the liver. This mass formed a ruptured retrocecal appendiceal abscess. A small stump of the ruptured gangrenous appendix was in the center of this mass and large fecal concretions or stones were in the mass. The stump of the appendix was ligated and amputated and buried with a catgut purse string suture. Free drainage was provided for. The boy was nervous and emaciated when he underwent the operation. His recovery was slow. He had attacks of convulsion, but finally recovered. He was well and went home six weeks after the operation.

Case No. 16.—Admitted to Hillman Hospital November 12th, 1917. Name—Alvin C., white boy, age 16. Complaint—Generalized abdominal pain and tumor in abdomen. Has had

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recurrent attacks of abdominal pain. Had a severe attack two years ago. Present illness began with nausea and vomiting and pain epigastrium. Pain later became localized in right iliac region. A mass formed there, which has increased in size.

Examination on Admission.—Temperature 97 1/5, pulse 74, respiration 18, urine negative, leucocyte count 12,200. Heart and lungs negative. Abdomen distended and painful. An intra-abdominal mass can be outlined, extending from the right iliac region, diagonally across the abdomen to the splenic region. This mass is exquisitely tender on pressure in the region of the spleen. Patient was constipated. Glycerin enema was given with good results and the patient was greatly relieved. Patient's extremities were cold and moist. The mass in the region of the spleen caused me to defer immediate operation. The operation was performed the following morning, November 13th, 1917.

Operation.—Because of the nature of the intra-abdominal mass, a median incision was made. On opening the abdomen the intestines were found to be adherent and a retroperitoneal abscess extended from the right iliac region to the splenic pouch. This mass was necrotic and had ruptured. Two definite intestinal obstructions due to adhesions were found, one in the jejunum and one in the ileum. These were separated, and the raw surfaces covered by interrupted Lembert stitches. An incision was made in the right iliac region and free drainage was provided for—two cigarette drains, four split fenestrated rubber tubes and rubber tissue. The median incision was closed. The patient drained profusely for four weeks. Patient was able to go home in six weeks, but there was an extensive post-operative hernia in the right iliac region. I operated on this patient for the hernia about eight weeks after the primary operation. He went home three weeks after the hernia operation.

Case No. 17.—Admitted to Birmingham Infirmary, January 15th, 1918. Name—Estelle C., white girl, age 12. Complaint —Generalized abdominal pain. Recurrent attacks of nausea and vomiting and pain in the abdomen. Present illness began seven days before admission to infirmary.

Examination on Admission.—Temperature 101, pulse 140, respiration 36, leucocyte count 12,000, urine negative, heart and lungs negative. Abdomen greatly distended, but not very

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painful on pressure. Purges have been given and bowels have moved freely. Patient was given morphia gr. ⅛ and atrophin gr. 1/150, and taken to operating room.

Operation.—Light ether anesthesia—McBurney-Harrington incision. Abdomen was full of pus. The ruptured appendix was removed and free drainage was provided for. Patient was well in five weeks and went home. Mixed infection vaccine ½ c.c. hypodermically daily, was given to this patient.

Case No. 18.—Admitted to Davis Infirmary August 13th, 1917. Name—E. W., white girl, age 9. Complaint—Generalized pain in abdomen. Present illness began with nausea, vomiting, pain in the abdomen and temperature seven days before being admitted to infirmary. Bowels were not constipated.

Examination on Admission.—Temperature 102 1/5, pulse 140, respiration 44. Abdomen was greatly distended and painful on pressure, heart and lungs negative, urine negative, leucocyte count 12,000. Anxious expression. Morphia 1/24 and atropin gr. 1/600 were given and patient was taken to operating room.

Operation.—Light gas, oxygen and ether anesthesia; McBurney-Harrington incision. On opening the abdomen it was found to be filled with thick, very offensive pus, which was evacuated. The ruptured appendix was litigated and removed. Free drainage was provided for. The patient was overwhelmed with toxins and did not do well from the beginning. She died thirty hours after the operation.

Eleven of the cases of this series were from eight to fourteen years of age, five from sixteen to twenty, one twenty-three, and one forty. The average age was 15.2 years. It appears that in the young the early symptoms of appendicitis are frequently overlooked, or the illness of the child or young person is not taken seriously until general peritonitis has developed from a ruptured appendix or a ruptured appendiceal abscess.

Illness in children and the young should receive careful attention. Medical advice should be had promptly and a diagnosis should be made. In operative conditions the child should have the same prompt consideration, attention and operative treatment that is given the adult.

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ACUTE APPENDICITIS IN CHILDREN.

ALFRED S. FRASIER, M. D., F. A. C. S., Dothan.

So much has been written about acute appendicitis in recent years that one might readily conclude that the subject had been exhausted, but so long as this disease claims a greater mortality and morbidity than all other acute abdominal conditions combined, it seems to me that it is worthy of our consideration. While the symptomatology of this disease as it affects adults is well known and I dare say is rarely overlooked by medical men of today, yet I am inclined to believe it is not so often recognized in children. We find men of rather large experience who have not seen a case in childhood. Very often we hear it spoken of as a rather rare disease at this period in life. But from the records of the larger hospitals, we find that at least 15 per cent of the cases of appendicitis occur in children. Many surgeons believe the percentage is much larger. We are inclined to agree with them, especially when we bear in mind that most cases are brought to the hospital after abscess formation or the development of a grave general peritonitis,—usually several days or weeks after the beginning of the illness and then most frequently the accidental discovery of an abscess in the course of a febrile disease or the development of a general peritonitis is the first inkling the attending physician has of the real nature of the trouble. These cases frequently run a very rapid, fulminating course, many of them dying within the first few days and undoubtedly many of them are treated as gastro-enteric disturbances until the fatal termination.

There must be some reason for this state of affairs. Is it due to the inherent difficulties of making a diagnosis in childhood? I think not. While the disease is subject to certain variations in childhood, it presents a fairly frank and definite picture, and we should not often be confused. Rather, I think, the error is due to the fact that we do not look for the disease. Then, too, children are subject to so many gastro-enteric disturbances, accompanied by vomiting, fever and pain, and one can always find a history of some indiscretion in diet, and thus

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we are easily led astray, if we are not constantly thinking of the possibility of appendicitis.

Appendicitis in children does not follow the well-known sequence of pain, vomiting, fever, tenderness and rigidity, as in adults, except as we approach the upper limits of childhood. The variations from the adult type, however, are not great and a knowledge of these variations and a careful consideration of the history, symptoms and physical findings should lead us to a correct diagnosis in a great majority of cases.

There are certain anatomical conditions present in children which explain the difference in symptomatology from what we usually find in adults: First, the cecum may be, and more often is, incompletely descended from its point of origin high up in the abdomen to its resting place in the iliac fossa. Thus we may find the pain, tenderness and rigidity localized in some unusual part of the abdomen. Second, the appendix is relatively longer and the pelvic cavity shorter and not well defined in children. Thus at times we may find the appendix low in the pelvis and the most prominent symptom may be some bladder disturbance, and tenderness and rigidity only elicited on deep pressure in the pelvis or on rectal examination. Third, the omentum is but poorly developed in early life, and has little protective power, so an inflamed appendix is not so well walled off as in adult life, and general peritonitis develops more often and much more rapidly. In fact, general peritonitis may be present in twenty-four hours from the beginning of the attack and obscures all other symptoms. Fourth, children do not localize pain and tenderness in definite areas and thus frequently all you can elicit is the presence of abdominal discomfort.

The history is, of necessity, imperfect, but should always be taken with great care from the child, if possible, or from the mother, or both. It should be ascertained if there have been similar attacks previously. The relation of tonsilitis to appendicitis should always be borne in mind. This bears as important a relation as typhoid to acute cholecystitis.

It is of great importance, whenever possible, to determine the onset of symptoms. In appendicitis the pain practically always comes first, followed by vomiting and fever, whereas in other conditions, the vomiting and fever first occur, followed later by the pain. This is of relatively more importance in

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older children. The history of some indiscretion in diet should not mislead us, for such an error frequently precipitates an attack of appendicitis. The symptoms are usually pain and vomiting with fever. The child may or may not be confined to its bed; the pain is usually described as colic and is more or less general. In older children the pain will often be localized over the appendix area. The vomiting is usually slight and disappears early, to return on the advent of general peritonitis. The temperature and pulse in all diseases of childhood are usually erratic and of but little value in diagnosis. As a rule, however, the temperature is low. Of considerable significance is a rapid pulse with little or no temperature and persistent vomiting. In this case it most likely means a general peritonitis. Constipation is usually present. However, it is rare to find one of these patients who has not had a cathartic. This usually changes what might have been a mild attack into a rapidly fulminating disease. Often bladder symptoms may be most prominent and in mild cases may be the only ones present. The association of bladder symptoms with vague abdominal discomfort and vomiting is very suggestive. The absence of vomiting, either in childhood or adult life, is very strongly against the disease being appendicitis.

The physical examination is of very great importance and requires infinite tact and gentleness. The confidence of the child must first be obtained. Children guard the abdomen very carefully if there is the slightest peritoneal involvement. They usually lie with the legs well drawn up to relax the muscles, and will usually cry out or grasp the hand of the examiner before they are touched. In children the respirations are normally abdominal and a change to the costal type is suggestive of a peritoneal involvement. An abdomen that appears quite rigid will frequently on careful palpation be completely relaxed, during expiration. We should search very carefully for localized areas of tenderness and rigidity, and no matter where found, if associated with a suggestive history, we may be quite sure that we are dealing with a case of appendicitis. In fact, we may make the diagnosis on a history of pain and vomiting, and a localized area of tenderness and rigidity. Of very great significance is a difference in the rigidity of the two recti when elicited by gentle palpation with the tips of the fingers, using both hands and alternately palpating the left and

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right iliac regions. Never overlook the pelvic cavity, in a young child, for not infrequently you will find tenderness and rigidity here when the abdomen is negative elsewhere. A rectal examination should always be done. This will frequently disclose signs which might otherwise be overlooked. A blood count is of value only in differential diagnosis.

The differential diagnosis is not as difficult as one might think. While children do undoubtedly have acute salpingitis, cholecystitis and perforated gastric and duodenal ulcers, these are so rare that we may ignore them. Besides in these conditions, the previous history and other symptoms would put us on the right track. The main difficulty is to rule out gastro-enteric disorders. Here, the fever and vomiting precede the pain and there is frequently an associated diarrhœa. The fever is usually higher and the vomiting persists, while in appendicitis the temperature is low and the vomiting rarely occurs more than two or three times. In gastro-enteric troubles the pain is usually general and is associated with active peristalsis. There is a sense of soreness on palpation, but never any localized areas of tenderness and rigidity. These are always present in appendicitis before the advent of general peritonitis. After the development of the latter condition, there is scarcely any doubt as to the true nature of the trouble. Acute iliocolitis should present no difficulty. Intususception gives us sudden severe pain in a previously healthy child, followed by shock and collapse. The patient usually vomits at this time. Then, follows a quiescent interval lasting a few hours, and subsequently there develops intermittent rythmic abdominal pain with straining and frequent muco-hemorrhagic (cherry-red) stools. These symptoms usually without temperature and with the presence of a rectal or abdominal tumor make the diagnosis quite clear. Typhoid fever sometimes gives us pain in the right iliac fossa. Here, however, there is no vomiting as a rule, very little tenderness, no rigidity, always a low leucocyte count and a positive Widal. A pyelitis may give abdominal pain and some tenderness. The tenderness, however, is elicited over the kidneys and along course of the ureters, and there is always pus in the urine. At times a basal pneumonia with a diaphragmatic pleurisy will frequently give such a clear picture of appendicitis, with pain, vomiting, fever and abdominal tenderness and rigidity, that unless one is par-

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ticularly alert, he may make the mistake of doing an abdominal section. I have seen two such mistakes made. This will never occur, however, if one will keep the possibility in mind and in children make it a rule to get the respiratory rate and examine the lungs before advising operation. The anatomic explanation of this referred pain is interesting. The central portion of the diaphragmatic pleura is supplied by the phrenic nerve, and painful stimuli in this area are referred to the neck along the course of the trapezius muscle. The outer portion is supplied by the lower six dorsal nerves and painful stimuli are referred to the abdomen. Thus, if a patient should present symptoms of pain in abdomen and neck, we should at once suspect a diaphragmatic pleurisy. Other points of differentiation are a rapid onset with high temperature and respiratory rate out of proportion to pulse and temperature. On making slow deep pressure over the abdomen pleuritic pain is relieved, whereas in appendicitis, it would be markedly increased. In pneumonia we usually have a high leucocyte count, 30,000 or oven; in appendicitis it is rarely more than 20,000.

In the treatment of appendicitis in children, surgery is even more urgently demanded than in adults, owing to the rapidity with which the disease progresses and the early development of general peritonitis. A cathartic should never be given, all food and drinks withheld and an opiate given only after the diagnosis is clear. The appendix should always be removed, but it must be done with the utmost skill and gentleness. It is not the breaking down of the abscess wall and the spreading of infection that kills these patients, but rather the trauma, incident to such a procedure, and the rough handling of intestines and peritoneum, which destroys its natural protective powers and opens up new areas for absorption.

Always in the presence of pus, drainage should be inserted. First, drying the cavity and applying dichloramine-T. This solution should be introduced daily through the tube, until the discharge loses its purulent character and becomes thin. Wherever there is any peritoneal involvement, the patient must be placed in Fowler's position and a Murphy drip given continuously, using a 2 per cent sodium bicarbonate solution. The soda solution is preferred to a saline or tap-water because it overcomes the acid intoxication which is always present in these seriously ill children. Food and drink are of course

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withheld and sufficient codeine or morphine given hypodermatically to allay pain and restlessness. These patients practically all get well if the diagnosis is made early and the proper treatment instituted.

DISCUSSION.

Dr. W. W. Harper, Selma: There are two points on which I wish to speak; the first is appendicitis in infants. Two years ago I read a paper along this line and many of you will remember that I then called attention to these cases of appendicitis in infants under a year. They will wake up with a scream and vomit and go back to sleep; wake up again with a scream and vomit again.

Another point I wish to stress in the doctor's paper is that every persistent pain in the abdomen means spasm of the small hollow viscera,—let them be always fixed in your mind, generally the ureter, Fallopian tube or gall bladder. I recently saw a case which illustrates this point. A child was taken sick during the night; I saw the patient the next morning and there was a history of pain in the abdomen and some dietary indiscretion. The child complained of persistent pain in the region of the sigmoid, no pain over the appendiceal region, temperature normal, pulse 84—normal for that child. The pain persisted during the entire day. The next morning the pain still persisted and was severe in the region of the sigmoid, not over the appendiceal region. The temperature was 99, pulse 84. The child began to vomit and I said that it was appendicitis, although the pain was entirely over the sigmoid. I opened the abdomen and pulled out of the pelvis from near the sigmoid region a very long appendix. If I had not stuck to my rule that a pain in the abdomen is practically always an appendiceal proposition in twelve more hours the child would have had a perforated appendix.

Dr. R. S. Hill, Montgomery: I am going to leave to Dr. Harper, the internist, and to the general practitioner the responsibility of making definite diagnoses of intra-abdominal conditions. A good friend of mine, Dr. Stewart, taught me many years ago not to be so positive about what I was going to find in the abdominal cavity. He once brought a patient to

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the hospital and I said, "Doctor, what have you?" He replied, "A surgical condition." Now, I am not opposed to efforts to make an accurate diagnosis, but I believe in a large number of cases the best we can say is that we have a surgical condition and this is not always easy to do. The surgeon should be prepared to meet and deal with whatever condition is found in the abdominal cavity. I don't know of any symptom or sign that will enable us to invariably make a positive diagnosis of appendicitis. We have found the appendix on the left side, in a femoral hernia on the right side, and I think it has been found practically everywhere except in a femoral hernia of the left side. If the surgeon is sure he has a surgical condition, then he is warranted in going into the abdominal cavity and correcting the condition,—whatever it may be.

As to the after-treatment, if I understood Dr. Frazier correctly he said that we should not give water or food but should give opium. I agree that we should withhold all food for twelve hours and in some cases longer, though we have rarely found this necessary. I do not know what proportion of surgeons adhere to the old plan of withholding water. I am glad to say we abandoned this some years ago and now give our cases water freely from the time they open their eyes after the operation. If we do not give opium we can begin within an hour or so after the operation to give water, which is most gratefully received by the patient, and will prove very beneficial. The Murphy "drip" is to get water into the system and prevent acidosis. In my experience you cannot keep up the "Murphy drip" very long. In the majority of instances the child will not retain the water at all. It is said the "drip" should be so slow as to insure the absorption of the water without its accumulation in the bowel, and, thereby, prevent a desire on the part of the child to expel it. However, the presence of the tube itself in the rectum causes that desire and I have rarely been able to have it given so slowly as not to have some accumulation of water in the bowel. I know I am running counter to the views of a large majority of the surgeons in this country in my opposition to giving morphine. I know very many give it as a routine before, as well as after, their abdominal operations, but I am convinced this is bad treatment and contributes to the prolongation of nausea. Is it not the observation and experience of every man who practices medi-

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cine that hypodermics of morphine cause nausea? What is the occasion for giving morphine? The patient does not suffer violently after an appendiceal operation. When we give morphine we have the disturbance for the disease plus a disturbance from the drug. In our work we have abandoned morphine except in very rare cases. It is not necessary; twenty to thirty grains of aspirin by enema with good nursing will keep the patient quiet. In some institutions we are told it is easier to nurse a patient if morphine is given. I am ready to admit if a patient is kept under the influence of an opiate he will not need as much personal attention from the nurse, but a little more nursing with no opium is conducive to a smoother, quicker, and more certain convalescence. This is what we want.

Dr. Frasier (closing): It may seem presumptuous on my part to advocate the use of morphine when Dr. Hill has just spoken so strongly against it, but he admits that he is very much in minority, for he says, "At least 90 per cent of the surgeons today use it." There is always more or less pain after an operation, and I believe that by giving these cases one-eighth or one-fourth grains morphine in adults and one-half grain codeine in children when they get restless, just before regaining consciousness, before they have the shock of this first pain, it is rarely necessary to give more.

The only objection to water is that it adds to the nausea and increases the vomiting. One of the complications is a dilated stomach due to the retention of fluid, and if we constantly add water to it, we certainly overdistend it. At least I believe so. We often find that these children vomit a mouthful at a time and we think that they are not very nauseated, and yet if you put a tube in you will often get a large amount of fluid. I think that by giving the morphine or codeine there is less difficulty in giving fluid by the drop-method. You can give an ounce or an ounce and one-half every three hours with a tube or it can be given more plentifully in older children. Within the first few hours they do complain of thirst but after the first twenty-four hours, although they have cried continuously for water, they no longer ask for it.

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PYELITIS IN CHILDREN.

W. W. Harper, M. D., Selma.

To John Thomson, of Edinburgh, belongs the credit of having shown that many cases of obscure fever in children are due to pyelitis. Until his master paper was given to the profession, pyelitis was diagnosed and disastrously treated as malarial or typhoid fever. Now, the kidney is always under suspicion whenever a child has fever, and urine examination, even in children, has become routine.

As pyelitis is more common in girls than boys, the infection was thought to be an ascending one—that is, it was thought the organism entered the urethra, traversed the bladder, and then invaded the ureter. This view is becoming less tenable, and the belief is growing that the infection is blood or lymph borne. The natural habitat of the colon bacillus is the large intestine, and as long as it is undisturbed and its media remains unaltered, the bug is a valuable ally—patrolling the colon and interning alien bacteria. But if through constipation or dysentery, the intestinal media is changed, or its mucosa becomes ulcerated, the B-Coli board an arterial train, or take the lymphatic sub with the renal part as its objective. While the colon bacillus is the usual infecting organism in pyelitis, any focus of infection elsewhere may father an attack.

If a careful history of the patient be taken, the usual story will be that two or three weeks previous the baby had an attack of "summer diarrhœa;" and that although the diarrhœal symptoms were better, the temperature was higher, was persistent, and the baby prostrated.

With such a story, a urine examination is just as imperative as a chest exploration when a baby has a pneumonic crisis and the next day has fever again. My experience with pyelitis has been that the fever either runs an intermittant course as in malarial fever, or is continuously high as in pneumonia or the second week of typhoid. In the intermittent type, the 6 a. m. temperature is normal. About 8 a. m. a chill ushers in a paroxysm and the patient is quite sick the rest of the day. With

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a high temperature the fever subsides with a sweat. This is such a typical malarial history that unless the doctor is wise enough to examine the urine, the little patient will be given quinine internally, externally and eternally, or as long as the patient lasts. In type No. 2 the patient has a more or less continuously high temperature without any other definite symptom. Unless the urine examination is one of the doctor's decalogues, he will treat these cases as typhoid fever or a central pneumonia without physical signs.

The diagnosis of pyelitis is made affirmatively by finding pus in the urine, or negatively by excluding pneumonia, malaria and typhoid—the three diseases for which it is most usually mistaken. In malarial fever, even in the absence of plasmodia, absence of leucocytosis with stippling and an increase of large mono-nuclears is evidence of a malarial infection. In typhoid, a blood culture in the first three days will show typhoid bacilli, while the Widal will be positive after the eighth day. Instead of the pyelitic leucocytosis, there is a leucopenia with an absence of eosinophiles. The blood picture of pneumonia and pyelitis is the same—leucocytosis and a neutrophilia. Between these two diseases, the diagnosis must rest with the urine examination and the physical findings in the chest.

Let this be your motto: Do not make a negative diagnosis of pyelitis through failure to find pus in one examination of urine—the wisdom of the motto is shown in case No. 1. Motto No. 2: Failing to find pus in the urine in the presence of some obscure temperature, do not exclude pyelitis until a cultural diagnosis of a catheter specimen of the urine shows an absence of the colon bacillus, or other pus-producing organisms. This is exemplified in Case 2.

In boys, a specimen of urine is easily obtained by placing over the penis a small rubber cot or test tube held in place with adhesive strips. In girl babies, a flattened tin cup may be held between the thighs against the vulva by the napkin. As babies usually urinate when nursing, a specimen may be obtained by nursing the baby while it is seated in a sterile basin. The attendant should observe two precautions: First, see that the baby's buttocks are cleaned and, second, see that there is no fecal contamination of the urine.

If these measures fail to procure a specimen, do not hesitate to use the catheter. Never secure a specimen by placing cotton

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over the vulva, as the pus corpuscles are filtered out by the cotton.

If the urine is miscroscopically clear, one may feel reasonably sure, but not positive, that a pyelitis does not exist. If the urine is milky, the turbidity may be due to phosphates (which are quickly cleared by adding nitric acid and boiling), or to pus, or to powder from the rubber cot or to the talcum powder used on the baby. The microscope quickly settles the diagnosis. As "one swallow does not make a summer," so does the finding of one pus corpuscle in a centrifuged specimen of urine does not spell pyelitis. Beware of diagnosing pyelitis, if it requires an hour's centrifuging to find a few pus corpuscles.

In every fever of obscure origin make a culture of the urine for B-Coli. It is needless to say that such a specimen should be obtained by catheter and under sterile precautions.

As the B-Coli is a faculative organism, it can live in either an acid or alkaline media. When the reaction of media is changed, the organism has to adapt itself to the change and the object of treatment is to change the reaction of the urine faster than the bug can adapt itself to the change and thus effect its death. The line of treatment that is effectual in most cases is to promptly render the urine alkaline and then rapidly acidify it.

My plan is to give for four days large doses of citrate of potash, and then switch to benzoic acid for three days. This is repeated for several days, even after all symptoms have disappeared.

A pyelitic case after an apparent cure should be kept under observation for weeks and the urine examined from time to time. A drug of signal value in pyelitis is hexamethalanamine, but to be beneficial must be given with an acid urine and in much larger doses than has been formerly given. LaFetra has cured obstinate cases of pyelitis in children by giving 200 grains of hexamethalanamine in 24 hours. This is a dangerous procedure, and liable to kill the patient. But if the patient survives the treatment, it is cured of the pyelitis. In giving large doses of hexamethalanamine, the urine should be examined every few hours and its use discontinued upon the appearance of the slightest trace of blood or albumin in the urine, or if the patient complains of bladder tenesmus.

Cases that resist drug treatment will usually yield to autogenous vaccine. Stock vaccines are worthless. Begin vaccine

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treatment with small doses. My rule is to begin with one million and double the dose every third day.

The following two cases are interesting and teach two valuable lessons:

Case 1.—P. M., white, male, 18 months old, was brought to me with the story that three weeks previously he had an attack of "summer diarrhœa," and although very much better of his diarrhœa, he was now running a temperature of 104 to 105. I suspected pyelitis, but urine was microscopically clear and microsscope showed no pus. The next day he still had high temperature, but specimen now was full of pus; and by evening his temperature was falling. For two days, temperature remained down and then rapidly rose again to 104. Examination of urine at this time showed it again clear in appearance and pus free. The next day urine was loaded with pus and temperature fell. This was repeated several times before convalescence was established. As there was no dimunition in the flow of urine even when it was clear of pus, a unilateral pyelitis was diagnosed. As long as urine was cloudy (pus), temperature was down, but when it was running clear, the temperature was high. My explanation is that one ureter would become blocked with a plug of pus and ceasing to drain, and the temperature would rise. As soon as the back pressure of urine forced the plug of pus out, the drainage was re-established and down would go the temperature. Under drug treatment the child rapidly recovered and was sent home practically well. In two weeks it returned to the hospital with high fever, pus in urine and complaining of pain in region of left kidney; which region was very rigid and tender on pressure. The local symptoms thus confirming our original diagnosis of a left-sided pyelitis.

Case No. 2.—E. L., White, female, 18 months old, had several intestinal upsets during the late summer. After her last spell, she ran an irregular fever. Her early morning temperature was normal. About 10 A. M. she would have a chill with high fever and prostration the balance of the day—the temperature going off with a sweat during the night. Then she would be clear of fever for two days to be followed by another paroxysm. The history was that of a quartan type of malaria —a diagnosis that seemed to be confirmed by the fact that the child had spent the summer in a highly infected malarial region.

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However, blood examination was negative for malaria, but showed a marked leucocytosis with increase of neutrophiles, indicating a purulent infection somewhere. Urine examination was negative for pus. Several blood and urine examinations gave same results. In the face of neutrophilia, quinine was given for several days with no beneficial results. At this stage a culture examination of a catheter specimen of urine was done and a pure culture of B-Coli was found, the case being a bacilluria. The usual drug remedies were given, but with poor results. The case rapidly convalesced under autogenous vaccines.

DISCUSSION.

Dr. Stewart Welch, Birmingham: Speaking of getting pus in the urine, it might interest some of you to see an appliance which is of the greatest value in pyelitis in children. (Exhibited appliance.) It works in one hundred per cent of cases in my experience, regardless of age or sex.

Dr. G. H. Fonde, Mobile: I have found the finger of a rubber glove attached to the skin with adhesive plaster very effective in either sex.

Dr. Harper (closing): I think we ought to tell our mistakes as well as our good results. In this paper I mentioned a urine examination as just as imperative in a fever as in the chest cases, where a child has a chill one day and a high temperature the next day. I recently saw a baby of eight months who had a crisis from pneumonia and everything was apparently going along well when the temperature started up again. We thought the baby simply had a fresh invasion of the lung and we waited four or five days. There was no other crisis so I said we had better explore the chest. We explored and found the pus, but found it too late. The baby developed within twelve hours, or had already developed when the pus was found, an infected kidney which brought about a fatal termination within a few hours. Had we explored that child's chest just four days sooner, when it began to run a temperature, we could have found the pus, resected the rib, and I believe the child would be alive today. The next time I have those symptoms, physical signs or no physical signs, I am going to put a needle into that chest.

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CLINICAL OBSERVATIONS.

THOMAS D. PARKE, M. D., Birmingham.

I shall offer for your consideration a few clinical observations and conclusions about three different conditions.

The first condition is empyema following pneumonia in children. A number of cases seen during the last three months have impressed the fact of the larger proportion of empyemas following pneumonia this past winter. Some of these cases had presented difficulty of diagnosis to attendant physicians and it is to discuss these difficulties that this is included.

In one case dullness and flatness extending no further forward than the posterior axillary line presented difficulty. In another, resonance on the affected side offered the difficulty, but there was absence of fremitus and there was remote breath sounds with bronchial breathing at point of scapula. It was an instance of pneumo-pyo-thorax as was determined by the introduction of a needle.

In still another bronchial, even tubular breathing was to be heard all over the affected side. This is a point we should keep in mind in children since it is not unusual to find a chest full of pus with bronchial tubular breathing. The absence of fremitus, the flatness on percussion must be our helping guides. In all cases, however, where a pneumonia does not resolve in seven or eight or nine days and especially where pain and grunting on expiration are present and more where a septic temperature curve is shown, then we may be on the lookout and if we are in much doubt, recourse can be had to a needle and its introduction for diagnostic purposes to determine the presence of pus. In one recent case seen so confident was I of the presence of fluid that the needle was introduced for the third time before pus was demonstrated. A large needle—No. 21—should be employed as a small hypodermic needle may fail to permit the passage of thick pus. A larger needle does no greater harm —does no harm at all—and allows us to draw firmer conclusions.

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The reason, of course, for an early determination of the presence of empyema is that operation may be made before greater harm is done. The earlier an opening is made and adequate drainage provided the better the chances of the child.

The next observation I would make concerns the employment of lactic bacillary tablets in meeting putrefactive conditions of the intestinal tract.

The theory upon which these pure growth tablets or liquid cultures of the lactic acid or Bulgarian bacilla are given is that these acid germs or acid forming germs inhibit the growth of the putrefactive groups of germs and as a consequence lessen the foul putrefactive odor characteristic of certain intestinal conditions in children. They have also been vaunted for their curative effect on colitis in children.

In order to test for myself and for my patients the effect of these Bulgarian or lactic acid bacteria on colitis I gave them by mouth and by rectal douche in a succession of cases during two seasons, in hospital and private cases. Fresh cultures were given by mouth and cultures were grown in sterilized milk and the whey containing billions of germs were injected into the colon in order to be sure they were thrown in contact with the germs producing the colitic inflammation. If any of the billions of germs ever affected the course of any case of colitis, I was unable to observe it. True they did no harm so far as could be discerned, but as for benefit, the proof was entirely lacking.

When putrefactive conditions supervene in the later stages of colitis or when this symptom is observed in any other intestinal disorder, it is recognized that proteids in the food are furnishing the material on which these putrefactive organisms exist. Hence proteids are withheld and starchy foods given until the indication is met. A purgative suited to the conditions presented will sweep out the offending materials the more quickly, followed by the diet that will not furnish proper food to the putrefactive organisms.

Just recently two cases have been under observation—with non-colitic conditions attended by fearfully offensive stools that pervaded the house. Both were being given these bacillary tablets without results on the odor or conditions. Both cases were relieved by diet alone without medication save an initial purgative.

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The next observation I would present is the importance of looking out and examining children for a tender liver as a routine. Long observation of this has seemed to show that a tender liver accompanied by any stomachic symptoms or by an acetone odor of breath calls for careful management by diet. If you will ask yourself what you really know of the function of the liver, or if you will ask yourself what is the meaning of the production of fatty degeneration, I fancy you will not get very satisfactory answers from yourself. The liver makes bile and it is supposed to stand as a strong and important barrier for the general system, but does not give you a clear mental concept of what passes, what really happens in liver function. What answer will you give yourself as to the import and nature of fatty degeneration?

When I encounter a tender liver in a child with any acute intestinal or stomachic disorder I am at once put on notice as to potential trouble. Sweet milk in such conditions disagrees in my experience sooner than any other food. Large firm curds are ejected from the stomach in cases that go further. Starchy foods and fruit juice are the foods employed as a rule when the symptoms seem to call for food. It has seemed that a tender liver means interference with digestion—means crippled digestive powers and it adds to the burdens of any case of colitis to have a tender enlarged liver.

It adds to the burdens of typhoid in the occasional case encountered. It adds to the burden in any acute condition.

You will be surprised, I think, at the frequency of finding this tender liver if you will systematically examine for it in every sick child.

DISCUSSION.

Dr. G. H. Fonde, Mobile: In this connection a rather unique suggestion came to me not long since through a friend who has just made a round of army camps. By way of interesting me in what he observed he said that in the army camps now there were well equipped Roetgen outfits and they were making early diagnoses of all general empyema cases, as well as in early localized empyema, and were aspirating early and injecting the polyvalent pneumococcic or streptococcic sera. He suggested that in cases where the diagnosis was not well

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established it would be well to mix the staphylococcic serum with the pneumococcic.

Dr. W. W. Harper, Selma: One point I wish to emphasize in this paper is this,—that in children you have very frequently an interlobar empyema and you do not have here the old classical symptom of dullness on change of posture to the side. I had this experience in a case I just reported. I operated under local anesthesia and found the pus between the upper and lower lobes, which had thrown me off my guard, for while I examined this child and while I suspected an empyema the lower part of the chest was perfectly resonant. When I went into the chest with my finger I could feel the lower part of the lobe all right below the abscess. Bearing this in mind, I also think that every one of these cases should be operated upon under local anesthesia.

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FIRST AID TO THE INJURED—ADDRESS FOLLOWED BY PRACTICAL DEMONSTRATIONS.

W. S. Rountree, M. D., Birmingham.

The present age, especially in the United States, is extremely scientific as well as practical.

The whole force of the American people seems to be directed towards the application of scientific knowledge in the most effective manner to produce practical and useful results.

The trend of the age in this country, at least—in the last few years—has been towards the "Conservation of the Natural Resources."

The mineral, the vegetable, and the animal kingdoms have all received consideration and laws have been passed in every state for their care and preservation.

To thinking men, however, the curious fact is ever present, that in all this talk and effort towards conservation, the most valuable asset of all—human life—has been almost entirely neglected. Isn't it true, that we carefully protect our game, that we pass conservation laws for the preservation of the health and life of domestic animals, but the awful waste of human life goes on almost without restriction. The total number of accidents in the United States is so much greater than in the European countries and so appalling in magnitude and continuance, that the sociologists are at last giving it serious attention and I trust that ere long our legislators may be induced to enact such laws that will protect the most valuable asset of our nation.

Statistics of industrial illness in the United States show that there are 3,000,000 cases reported annually, caused mainly by long hours, low wages, dust, bad air, fumes, smoke poisoning and poor ventilation. It further shows that there are 500,000 industrial accidents each year in this country, and if we estimate the average earning power of each of these at but $500 it means an actual loss to the country of $250,000,000 per year, to say nothing of the personal loss to family and friends.

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There is no doubt but that many deaths occur from injuries and acute illness in our mines, on our railroads and in our industrial plants which would not occur if companies were required by strict laws to provide first aid corps to care for their sick, as a large number of those who die, go out between the time of the accident and the arrival of the doctor. With these facts before us, we must admit that the preservation of human life should be the subject of most importance to the world at large and its greatest responsibility.

Now that this point of view is rapidly gaining in popularity, is manifested by the increasing efforts of separate and combined agencies to prevent the needless waste of life in the prevention and spreading of such diseases as tuberculosis, typhoid fever and malaria, also in the great field of industry where serious attention is just beginning to be directed to the problem of preventing the unnecessary injuries incurred by industrial workers.

The time at my disposal does not permit my telling you of all the splendid work that has been done. Suffice it to say that much has been accomplished but our field is large, its possibilities are great and very many things are yet to be done. Time, physicians and teachers will alone make the fullest achievements possible.

There is no doubt but that human life and human energy is the greatest question before our people today and the First Aid movement is going a long way in answering the same; as it has been proven where this work has been well and generally taught it has resulted in reducing sickness and accidents one-half. Certainly a stake worth striving for.

At the time of an accident or acute illness, a person who knows how to render first aid intelligently is invaluable and nowhere has it been more splendidly proven than in our mines, mills and quarries. Our experience has proved that the vital point is that accidents happen not because men are unaware of danger but simply because they are not impressed with the importance of being able to foresee the results.

We must teach the layman this work because the fate of an injured person depends upon the acts of the man into whose hands he falls and certainly if he is not trained along this line of endeavor we as a nation will pay dearly for our unpreparedness.

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This end can be attained only by building up public sentiment, through a campaign of education forcing the public to realize the patent fact, that men and women trained in giving first aid to the sick and injured are an asset of incalculable value to the nation not only in the time of war but in peace.

In past wars in which our country has been involved the lack of preparedness was a national humiliation. The unnecessary suffering and the lives uselessly sacrificed caused in each instance a wave of horror and indignation to sweep over our country.

In the great world's war, into which we have been recently plunged, which to me is a blight upon our so-called civilization, first aiders are saving more lives than the surgeons. I recently heard a noted army officer say that he had rather have a well-trained first aid corps in the time of battle than a half dozen surgeons, as he was quite sure they would be able to save more lives and hence of greater service to the soldier.

First aid means the application of efficiency to the conservation of health and life; prevention of those diseases that cause a more or less rapid disintegration of a nation, and then coordinating the life-saving with the life-destroying branches of the industries of our country.

If our people are to become proficient in this work, and thereby save thousands from untimely deaths, we must be up and doing, as there was never a time when it was more needed than now, as we are in the midst of war and the increase in rapid locomotion of many kinds and the constant multiplicity of factories, workshops, mines and quarries make it necessary that we, as a progressive people, use all such means as will reduce avoidable accidents and diseases.

In training men and women in this practical branch of medicine and surgery I have been an advocate of simplified methods and practical adaptation of whatever means happen to be at hand when assistance is needed. I have endeavored to impress upon them the real duties and responsibilities of a First Aider; how he must act quickly without waiting for orders, assistance or supplies, remembering that the fate of the injured person lies in his hands and lacking, as he does, the experience of a well-trained nurse, he yet, must act with judgment, caution and along modern surgical and medical lines.

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Broadly speaking, this training consists in special instruction and drill, teaching methods for covering open wounds with sterile dressings; the control of hemorrhage; the splinting of fractures to prevent compounding and to relieve pain; resuscitation of the drowned, electrocuted or gas poisoned, as well as methods for transporting the injured.

There are many methods used in teaching first aid, but any plan adopted should be one that will make the instructions bring the best and most beneficial results.

There are many here tonight who have had his own experience in this work and have originated methods of education which have been effective. This meeting is for the purpose of interchanging ideas and to the end that the greatest possible benefit to all may accrue, and it is my earnest hope that you will enter into the spirit of the occasion and take an active part in discussing this subject.

And may you leave this meeting with a new incentive for greater effort. May you take away with you that truly American spirit which places humanity above everything else and which will enable you to uphold and promote the cause of First Aid—first, last, and always, because it is for humanity, because it is for economy, because it is right.

Dr. Rountree then presented a class trained in first aid work. The class demonstrated the method of handling various accidents and of applying dressings to the injured. The demonstration was very interesting and was greatly enjoyed by all present.

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RESUME OF THE LITERATURE ON TRENCH FEVER.

LIEUTENANT MAXWELL MOODY, M. R. C., Tuscaloosa.

In casting about among the various war topics for a subject for this paper, it occurred to me that a resume of the literature on French Fever might be of interest at this time. Not only because some day in the future we may be called upon to treat this disease when our men shall be brought back to this country to recuperate and bring it with them, but of interest because we want to know the diseases which afflict our men at the front and which open up new fields of investigation for the men of our profession who are now serving with the armies in France. Unlike trench foot, which has been largely eliminated by proper care and pophylactic measures, trench fever is with us today, active and virile.

The etiology of trench fever is still obscure, but there is no doubt that it is of an infective nature and that the infection can be transmitted from one person to another. Inquiries into its nature were instituted a couple of years ago; they are still in progress and it is recognized that it may be imported into this country. As to how the disease is transmitted in nature, there is as yet no definite evidence. That it is not conveyed by the feces or by the respiratory secreta is fairly definitely proven, since there are no nasal, pharyngeal, bronchial nor gastro-intestinal symptoms unless by accident. The occurrence of the long form of the disease during the winter months shows that the infection can be conveyed in the absence of mosquitoes or other flying insects. The facts seem to point to the conclusion that it is contagious from man to man, or what seems more likely, is carried by some parasite; there is considerable reason for incriminating the louse. The fever is least in the cleanest battalions and in the divisions which have the best facilities for bathing. One captain developed the short form of trench fever after allowing the lice from a patient with this form of the disease to bite him.

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The subject matter given below is taken from British Medical Journals, and it shows the early experimental work and conclusions of McRee, Renshaw and Brunt, Officers in the Royal Army Medical Corps, serving in France.

Cases first began to be described in the reports about the beginning of July, 1915, although it is thought that a few cases seen during the month previous had suffered from the same disease. At first typhoid and para-typhoid were suspected, but bacteriological examinations and blood cultures proved negative for the organisms of these diseases. The disease was first observed among officers and men living near the trenches, and in the personnel hospitals, especially among orderlies of wards in which there were patients suffering from the disease. It was for this reason that the name trench fever was adopted, the actual residence in the trenches themselves was certainly not an essential factor, as cases have been met with further from the front. At first cases had to be recorded as "Pyrexia of unknown origin," influenza and rheumatic fever; the first of these, one author asserts, being the only diagnosis which is indisputably correct.

There are two clinical types of the disease, and for a time it was quite impossible to be sure whether both were varieties of the same disease or were two distinct entities. Both have identical symptoms and the initial history of both is essentially the same. But they differ in their course in a very curious and interesting way.

In one type there is a short fever of about a week's duration, followed frequently after a few days by a short, single relapse. The other form is a longer illness characterized above all by the number, sharpness, and periodicity of the relapses.

According to Colonel Sir Wilmot Herringham, literally thousands of cases of the first type occurred among the troops in France and Flanders between the end of April and October, 1915, and it was comparatively rare in the following winter, but increased again in the spring of 1916.

The second type has been rather prevalent in Salonica since December, 1915. The disease was common in Salonica at a time when no men were living in the trenches, and cases occurred in ammunition columns several miles from the trenches as well as in front line troops and hospital orderlies.

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The incubation period in the experimental transmsisions was from six to twenty-two days. Whole blood was taken from patients sick with the disease at various intervals during an attack and injected into normal individuals, some intra-muscularly and some intra-venously. After a time varying from six to twenty-two days, these men developed the disease. Similar experiments were conducted with blood corpuscles which had been thoroughly washed with saline several times. In each case the volunteer came down with the disease within the above limits of time. Plasma and serum were also used in various experiments but in each case the results were negative. Citrated blood was tried, and here again, where the whole blood or corpuscles were injected, positive results were obtained. In no instance did the injection of plasma or serum per se cause the disease in the volunteer. The above facts support the view that the virus is intra-corpuscular. As all attempts to discover the infective organism by various stains, blood examined fresh and under dark ground illumination, have failed, and as no fatal case has occurred the pathologic nature of the disease remains unknown. One attack does not protect against reinfection. According to one author, the blood shows a slight relative increase in the large and small lymphocytes and a reduction in hemoglobin. A punctate basophilia of the red blood corpuscles is present. Pappenheimer's discoid bodies, found in blood films and in specimens taken from near the periosteum, and in cultures from the blood and tissues of trench fever patients, have been proven to be not of a parasitic nature.

Considering the clinical features of the disease, we find that it presents particularly two different types, one in which there is a short, evanescent fever lasting from a few days to a week, and frequently followed after a few days of apyrexia, by a single short relapse; and a second in which there is a series of relapses of the fever interrupted by periods of apyrexia. As a rule, the onset of both forms is sudden. There is the general feeling of lassitude, headache, pains in back and limbs, flushed face, coated tongue, and later, free perspiration. There is loss of appetite, and at times very obstinate constipation. Pains are commonly most severe behind the eyes and the back of the head and neck. Pains in the shins and muscles of the legs, especially back of the knee, is a very common complaint. It is often distressing and renders the patient restless at night. It is difficult

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to say whether the pain is periosteal or muscular, or both, but patients state that it feels deep seated in the limb. These pains in the legs do not affect the joints, but particularly at the points of insertion of the muscles to the bones, where apparently an actual inflammatory process takes place. There is no rash, nor evidence of respiratory affection. There is never a definite rigor. In the short form of the disease the temperature rises rapidly to 102 to 104 degrees F., but the pulse rate is only slightly increased, usually about a hundred. The face is flushed, the eyes generally clear and bright and free perspiration occurs. Usually in less than seven days the temperature falls to normal. But there is no corresponding improvement in the symptoms. After an interval of from two to five days it rises again to an hundred or to an hundred and one, only to fall to normal after one or two days elevation, at which time there is immediate relief of all the symptoms. This is very striking, and is in contrast with the second type of cases to be described, where the initial period of fever is not so long and relapses frequent. It seems as if, granting that the same disease is under discussion, a longer initial attack may give rise to only a single relapse, whereas a shorter period of fever at the beginning may be followed by several relapses. Enough evidence has not yet been accumulated to render this supposition certain, but it is suggested as additional evidence in favor of the disease being a single one, that the duration of the malady with its relapses may be inversely proportional to the severity and duration of the initial attack.

The chief distinction between the short type and the long is the number and periodicity of the relapses, so that the second type often takes on characteristics of a true relapsing period. It is less common than the first. The beginning symptoms of the long type are indistinguishable from those of the shorter illness. The headache, dizziness, pains in the legs and tendency to constipation and high fever are all there. But it does not last so long as in the first type, and except for this difference it is impossible to tell at this stage into which type the case will fall. After the primary rise and fall of temperature the patient feels perfectly well; so well, indeed, that he may resume his ordinary duties. Then after a number of days varying from five to ten, the initial symptoms return, and he is again aware that he is unwell. Pain in the legs and back are

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quite severe, and the temperature may reach 103 degrees F. In this type of disease the relapses are sharper, the temperature higher than in the first and the symptoms of the second and third relapses are just as severe as in the initial attack. The succeeding attacks, however, grow milder and milder and the rise in temperature is often overlooked unless taken hourly. The duration of the attacks is short, the temperature rises quickly to fall to normal in thirty-six hours. Between the relapses the patient returns again to a period of well being. The pain in the shins at times remains very troublesome even though the headache has disappeared.

Houston and McClay have described a myalgic type in which after the temperature has fallen to normal, the severe pains in the legs will continue.

Albuminuria is usually not present.

The diagnosis of this disease is often difficult. It is distinguished from relapsing fever by the absence of the spirochæta recurrentis from the blood. In dengue there is a rash and the distribution of pain is different. Malaria, typhoid, para-typhoid, and influenza are ruled out by appropriate tests and examinations.

The treatment is entirely symptomatic. Aspirin and morphine relieve the pain, but seem to exert no influence over the course of the disease. Quinine and salicylic acid and intravenous injections of antimony and salvarsan have no effect on the fever, although one author states that he has found good results in the subcutaneous use of quinine bihydrochloride, in that it appears to prevent the occurrence of relapses.

The prognosis is very good, but in the severe form it is apt to be followed by a certain amount of debility. Anemia occurs in from ten to fifteen per cent of the cases, also disordered heart action, although endocarditis has never occurred. After the severe cases, tachycardia is frequent.

As to prophylaxis it must be remembered that toward the end of a long spell in the trenches, with its inevitable fatigue and exposure, the men individually and collectively tend toward a condition favorable to the onset of the disease. The factor of defense is a strong one. Since the disease is probably conveyed by lice, it is necessary that not only the patient himself be freed from all vermin, but his clothes likewise. Isolation in all cases should be observed.

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POSTERIAL CONDITIONS AND THEIR RELATIONS TO VISCEROPTOSIS.

CUNNINGHAM WILSON, M. D., Birmingham.

I might with as much propriety take for my subject the neglected patients or the patients who have suffered much at the hands of many physicians, or who have undergone many surgical operations—or have made the lives of their doctors miserable and have been a source of revenue to the apothecary.

Since the time of Glenard and long before, visceroptosis had received the attention of medical men, and its cause attributed to many conditions. As in the study of most diseased conditions, greatest progress has been made by men who have studied carefully the normal body or tissue, and been able to see that disease is only a variation of the normal. . In studying the normal human being you see his erect, well-rounded body and extremities which has thoroughly adjusted itself to biped life. As variations from this normal there are two distinct types—the man in the street could differentiate them. The best classification that I have seen is that of Bryant (Boston Medical and Surgical Journal, March, 1915), who classifies them as carniverous and herbiverous. He finds in these types distinct anatomic differences, almost unbelievable by one who has given the subject little thought. These types conform to the structure of the lower animals which lead him to make this classification.

In the herbiverous type you see the large, muscular individual, with large bones and joints, abundance of fat, a broad back, short neck, small head with ears lying close to the head, a broad *chest* with a costal angle of about 90 degrees, extremities large and short, with short fingers and low arches. The lumbar region is short, due to the presence generally of only four lumbar vertebræ and with little flexibility of the spine. There is a large amount of abdominal fat—the stomach is large—the abdominal viscera occupying their normal position in the cavity. The small intestine, as has been demonstrated by Bryant, instead of having a normal length of 20 feet, is

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from 25 to 39 feet long. The length of the large intestine is from five to eight and a half feet. This type of individual is especially subject to certain diseases—the cordio-vascular with high blood pressure; renal diseases, hypertrophic arthritis, etc. These individuals are slower in their movements than the other type. There are many other characteristics of this type, but these are sufficient for our purpose.

It is the other type. the carniverous, that we are especially interested in when we come to discuss visceroptosis. Goldthwait calls this the visceroptotic type. We might add another classification, the type without the vermiform appendix, for they have almost all been operated on by the humane progressive surgeons of the present day for chronic appendicitis. In this type we find the delicate individual with long, slender bones, soft muscles, flexible spine and joints, high arches, round shoulders, long necks, large heads with large ears projecting forward, and narrow, thin chests. The costal angle is very acute, often less than 30 degrees, with the ribs slanting downward often as low as the crests of the ilia—with a floating 10-inch rib.

The small intestine is much shorter, varying from ten to fifteen feet in length, and the large intestine is from three to five feet in length. The mesenteric attachments are much longer and less firm than in the herbiverous type. The scapulæ project outward and the shoulders forward. The lumbar region is long, due to the fact that there are usually six lumbar vertebræ present. The lateral diameters of the vertebræ are short, accounting for the greater flexible condition of the spine. The upper abdomen is scaphoid while the lower is prominent. The heart and diaphragm are low. There is ptosis of all the abdominal viscera, accounting for the prominence of the lower abdomen. The stomach, liver, kidneys, almost all the small intestine and most of the large intestine are situated above the line of the umbilicus in the normal individual. In the visceroptotic type it is not uncommon to see the stomach and the small and large intestines all below the line of the umbilicus—or largely in the pelvis. The ligamentaous attachments of the pericardium, diaphragm and liver are at the bodies of the lower cervical vertebræ. It is readily seen that in the carniverous type of individual with stooping shoulders and long, forward projecting neck that you have everything favorable for the

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displacement downward of the heart, diaphragm and liver. With the long, narrow chest, the stooping shoulders and forward curve of the dorsal spine the chest is telescoped into the abdomen, thus forcing the viscera from their normal positions into the lower abdomen. With a heart in this cramped position it is not surprising that the different parts of the body cannot receive their proper blood supply. Headaches and lack of mental activity are natural consequences. It is in this class of individual that the tuberculous are generally seen. In the type of chest I have just described normal respiration is an impossibility.

While I have apparently wandered away from my subject you will see that visceroptosis is in reality only a small part of a general posteral condition and cannot be treated as a separate condition with any hope of giving relief. The symptoms of this condition are perfectly familiar to you all. You make the diagnosis as the patient walks into your office, or as you meet him on the street. Dilating the stomach will show you its exact position—the lower border being well down in the abdomen or even in the pelvis. By an X-ray examination you can see the exact position of both the stomach and intestines. The headaches and inability of such patients to concentrate their minds on anything definite are due to a lack of proper blood supply and improper digestion of food. There is always present more or less stomach and intestinal stasis. In women there is usually the characteristic menstrual disturbance with often retroversion of the uterus. This would be expected from the crowding down of the upper abdominal viscera into pelvis. Backache is due to the bad posture and improper blood supply. These patients get out of the bed in the mornings tired. The pulsation of the abdominal aorta through the thin abdominal wall is a source of great annoyance. As Goldthwait has observed, there is nothing to protect the abdominal sympathetic nerves from the pressure of the abdominal wall, which accounts for the lack of refreshment that usually comes from a night's sleep. The cure of these patients depends entirely in attempting to correct the vicious attitude of the patient, the increase of fat around the kidneys, the expansion of the contracted chest and increase of the tone of the abdominal muscles by systematic exercise.

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With the active cooperation of the patient there is hardly a chance of failure.

The preliminary treatment of two or more weeks in bed is one of the essentials that is hardest to carry out. During this time the vicious spinal posture can be improved. Patients should be taught to sleep on their faces instead of their backs; under no consideration should a pillow be allowed except as I will show later. Before each meal, and at bedtime, the patient should be made to hang himself out of bed—head downwards—for five minutes, in order to replace the viscera. After each meal, even when the patient is allowed out of bed, he should lie with a pillow under his shoulders, not extending quite to the neck, for half an hour, and then for another half an hour lie on his face with a pillow under the abdomen. This will expand the chest and assist the food in passing from the stomach.

Systematic exercises to expand the contracted chest and increase the muscle tone are absolutely necessary for permanent results to be obtained. This requires the constant supervision of an experienced teacher and is decidedly the most important part of the treatment. A properly constructed brace to hold the spine in proper position and lift the abdominal viscera from the lower abdomen is necessary for several months. After the patient has established fat kidney pads and broadened out the contracted chest walls you will see a greatly increased costal angle. At this time the brace may be dispensed with. The treatment of these conditions is well within the province of the internal medical man, as he sees these patients first.

The hopelessness of the condition had been impressing itself on me for many years. I treated symptoms instead of the disease—the appendix, the floating kidney and the retroverted uterus, all suffered at my hands with the result that my patients were no better, except for the rest in bed.

Goldthwait, in 1915, delivered the Shattuck Lecture on "An Anatomic and Mechanistic Conception of Disease" (Boston Medical Journal, June, 1915). A careful study of this lecture and the observation of his work led me to believe that he had established principles that were unanswerable—and in a comparatively good number of patients I have treated, have been able to accomplish more than in any other way. I have relieved

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patients who came or were sent to me for surgical operations without operating, which, I believe, was appreciated by them.

Some months ago a man came to me the picture of the visceroptotic individual. He felt that he must give up his business as he could not concentrate his mind on his work and was physically unable to continue it. He was put to bed two weeks, taught the exercises and fitted with a brace. I saw him a few days ago—an entirely different man. He had taken on twenty pounds in weight; his figure was erect, his mental and physical condition normal, and he was doing his work without effort. This is one of a number of histories I could give, but I do not think it necessary.

If time allowed I would take up the prevention of this condition, which should be commenced in childhood, but this is subject for another paper.

Visceroptosis in the herbiverous type is not a very uncommon condition, but is nearly always accompanied by sacro-iliac and lumbo sacral strains, due largely to the dragging of heavy abdominal viscera and carrying the burden of the heavy body. It is such an entirely different condition that it should not be discussed in this paper.

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OBSCURE PELLAGRA.

R. H. Mooty, M. D., Columbia.

Two years ago I recognized pellagra occurring only as a disease with a tripod of symptoms—the lesions of the skin, the central nervous system and the alimentary canal. When I took up my present location, doing a general practice, I became constantly associated with Dr. J. F. Yarbrough, who was making a specialty of pellagra, and to him I beg to give the credit of my being able to concede the fact that we may have pellagra without the "typical" tripod of symptoms. I would visit his hospital and see his patients with him, and observe in profound silence as he would relate their histories and point out, as I thought, their vague symptoms. I have seen pellagrins in this hospital with the typical tripod of lesions and along with these others with the obscure type of this disease—all to respond readily to the same treatment.

I shall endeavor to tabulate some of the most constant symptoms, with the hope that I may be able to aid some physician in recognizing and diagnosing the obscure type of pellagra.

SYMPTOMS.

Skin.—There is usually no dermatitis in the obscure type of pellagra. However, it may appear in a small number of cases before the end; also some patients will show a roughened and reddish area about the elbow. The skin presents a peculiar muddy pallor. Dr. Yarbrough calls it "toxic pallor," and says that it is not a real but relative anemia. He states that the blood count is usually normal. In a great many cases there is a burning sensation of the lower extremities which is very annoying to the patient and interferes with sleep.

Oral.—Dr. Yarbrough lays a great deal of stress on the findings in the mouth and throat, and states that here we find a variety of symptoms. The tongue in many instances is red, irritated and deeply fissured; however, in others it may present a sleek, parched appearance; and still in other cases it may

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show a grey putty color without tone or shape—just a dirty, flabby mass. In some patients, however, the tongue shows no evidence of the disease except an angry and parched appearance of the margins.

The throat presents a symptom of great diagnostic value. As far down as can be seen to a well-defined line just above the pillars of the fauces it presents a red, irritated appearance. In many cases the line of demarcation is as well defined as that of erysipelas. As the disease advances the redness gradually extends to the entire buccal cavity.

Gastrointestinal.—In some cases the digestive symptoms are of minor importance; in most instances, however, they assume major proportions. Most every patient will give a history of having had digestive disturbances, "indigestion" as they will say, and it is surprising to learn how long some of these patients have suffered from their digestive disorder.

Constipation is almost always present; the stools are most always whitish or putty-like. There may be mild attacks of diarrhœa in some cases. Tenderness over the entire abdominal area is not an infrequent symptom; it is usually out of seeming proportion to the illness of the patient.

Weakness.—This is not an uncommon symptom in this type of the disease; it is observed most frequently in those whose mental faculties are the least involved. Except for the toxic pallor they seem to be in fairly good health, but on the least exertion they become out of breath and the limbs tremble as if they were unable to support the trunk. This, however, is not dyspnea from cardiac insufficiency, but seems to be due to a lack of nerve tone.

Mental.—I fully realize my inability to deal with this phase of the subject, and regret that I am unable to make a differential comparison with other psychoses. Therefore, I shall attempt to enumerate only some of the most constant mental symptoms.

Insomnia is a most contant symptom in pellagrins. Their broken rest is disturbed by fearful and horrible dreams, although some of them seem to want to deny this experience for a while. Most all of them are irritable and hard to please, having a history of being disagreeable to family and friends. Some are melancholic, suicide attempts being frequent among such

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types. Fear is a very common symptom, the patient fearing himself and others with whom he comes in contact.

The cases most generally met with by a general practitioner present the picture of the typical neurasthenic. I recall that our professor of neurology, in lecturing on neurasthenia, cautioned us to be on the watch for pellagra where the patient had a neurotic tendency. He stated that he had seen patients diagnosed and treated for neurasthenia who later broke out with the dermatitis of pellagra and died.

In Conclusion.—If the patient has a history of a digestive disturbance, mental derangement, insomnia, a red and irritated throat which may extend well up on the soft pallet, burning sensation of the feet and lower limbs, and especially if neurotic, I would make a diagnosis of pellagra. However, great care should be exercised in eliminating diseases which may be easily confused in this condition, such as chronic malaria, tuberculosis and syphilis.

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PART III.

THE ANNUAL REGISTER

OF THE

MEDICAL ASSOCIATION

OF THE

STATE OF ALABAMA.

THE BOOK OF THE ROLLS OF THE MEDICAL ASSOCIATION OF THE STATE OF ALABAMA.

INTRODUCTION.—OF LEGAL IMPORTANCE TO EVERY PHYSICIAN IN THE STATE OF ALABAMA.

Owing to the legal relation which *each* member of *each* county medical society bears to the STATE OF ALABAMA (which relations are set forth in the Code of the State), it is *absolutely necessary* that the presidents, secretaries, treasurers, members of the boards of censors, and each individual member of the societies, should see that the roster of their respective societies is sent to the Secretary of the State Association in accordance with the specific instructions, printed on the blanks sent to the secretary of each county society.

It is, therefore, urged upon the officers of each county medical society to see that, in future, the reports are properly filled out in accordance with the printed instructions on the blank. It is advised that the secretaries compare their reports for the current year with the reports, as printed in the volume of Transactions for the previous year, and that *all changes* be carefully made.

A strict compliance with the instructions printed on the blank for report will avoid all difficulties.

Explanation.—The letters "mc" stand for "medical college;" the letters "cb" for "county board;" when the certificate is issued by the examining board of some other county than that in which the member or non-member then resides, the name of such county succeeds the abbreviation. "State Board" or "s. b." indicates that the license was issued after an examination before the State Board of Medical Examiners. The first name of every board of censors is that of the chairman of the board. The letters "ng" stand for "non-graduate." "Diploma recorded" applies to a small number of doctors who are exempt from criminal prosecution, but who are illegal doctors.

The name of a city and a year in line with the title of each county society indicate the place of meeting of the Association when, and the year in which, the charter of the corresponding society was granted.

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THE ROLL OF THE COUNTY MEDICAL SOCIETIES.

REVISION OF 1917

AUTAUGA COUNTY MEDICAL SOCIETY—Montgomery, 1874.

OFFICERS.

President, M. D. Smith, Prattville; Vice-President, R. G. Shanks, Autaugaville; Secretary, J. E. Wilkinson, Jr., Prattville; Treasurer, J. E. Wilkinson, Jr., Prattville; County Health Officer, E. H. Downs, Billingsley; City Health Officers, J. E. Wilkinson, Sr., Prattville; E. H. Downs, Billingsley; R. G. Shanks, Autaugaville. Censors—E. M. Thomas, Chairman, Prattville; E. H. Downs, Billingsley; M. D. Smith, Prattville; R. M. Golson, Prattville; R. G. Shanks, Autaugaville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Downs, Elbert Horton, mc Chattanooga 00, cb 00, Billingsley.
Golson, Robert Marion, mc univ Tennessee 91, cb 94, Prattville.
Martin, Jesse H., mc Memphis Hosp. 10, State Board 10, Jones.
Shanks, R. G., mc Memphis Hosp. 01, cb Butler 01, Autaugaville.
Smith, Malcolm D., mc univ New York 91, cb Coosa 91, Prattville.
Thomas, Eugene Marvin, mc P. & S., Baltimore 07, cb 07, Prattville.
Wilkinson, John Edward, Sr., mc Tulane 69, cb 80, Prattville.
Wilkinson, John Edward, Jr., mc univ of the South 00, cb 00, Prattville.
Total, 8.

PHYSICIANS NOT MEMBERS.

Cale, Charney, mc Memphis Hosp. 04, cb 04, Vida.
Marlar, Alonzo J., mc Memphis Hosp. 92, cb Tuscaloosa 94, Billingsley.
Taylor, George Malcolm, mc Atlanta P. & S. 05, cb 05, Prattville.
Total, 3.

Moved out of the county—V. O. Campbell, from Kingston to Joppa, Cullman county.

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BALDWIN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, V. McR. Schowalter, Fair Hpoe; Vice-President, J. H. Hastie, Stockton; Secretary, G. L. Lambert, Bay Minette; Treasurer, G. L. Lambert, Bay Minette; County Health Officer, G. L. Lambert, Bay Minette; City Health Officers, S. D. Armstead, Foley; C. L. Mershon, Fairhope; Joseph Hall, Bay Minette. Censors—V. Van Iderstein, Chairman, Loxley; V. McR. Schowalter, Fairhope; J. C. McLeod, Bay Minette; C. L. Mershon, Fairhope; J. H. Hastie, Stockton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Aikin, William G., mc Alabama 01, cb 01, Stockton.
Armistead, Sydney D, mc Alabama 10, State Board 11, Foley.
Godard, Claud G., mc Alabama 14, State Board 14, Fairhope.
Hall, Richard Allen, mc Tennessee 94, cb 01, Robertsdale.
Hall, Joseph, mc Alabama 01, cb 01, Bay Minette.
Hastie, John Hamilton, mc univ Tennessee 99, cb 99, Stockton.
Holmes, Sibley, mc Alabama 96, cb 96, Foley.
Kiehnhoff, George W., mc Alabama 13, State Board 14, Daphne.
Lambert, George Lee, mc Alabama 94, cb Choctaw 95, Bay Minette.
McKinley, Charles F., mc Alabama 07, cb Monroe 07, Perdido.
McLeod, John Calvin, mc Birmingham 00, cb Coosa 00, Bay Minette.
Mershon, Clarence L., mc Iowa 98, cb 98, Fairhope.
Schowalter, Volney McReynolds, mc Alabama 90, State Board 90, Fairhope.
Van Iderstine, Reginald, mc Chicago 06, cb 06, Loxley.
Total, 14.

PHYSICIANS NOT MEMBERS.

Coghlan, Malachi, mc Alabama 92, cb 92, Tensaw.
Cowgill, Eugene Park, univ Mo. 04, State Board 15, Magnolia Springs.
Gilliard, Thomas Hamilton, mc Alabama 06, cb Mobile 06, Magnolia Springs.
Hodgson, Philip Morton, mc Atlanta 89, cb Monroe 99, Stockton.
Peavy, J. Frank, Jr., mc Alabama 12, State Board 12, Robertsdale.
Scott, Harvey E., mc Vanderbilt univ 80, cb Dallas 80, Battles Wharf.
Sheldon, Geo. A., mc Alabama 92, cb Mobile 92, Daphne.
Total, 7.

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BARBOUR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, W. P. Copeland, Eufaula; Vice-President, W. G. Lewis, Eufaula; Secretary, Clarence Long, Comer; Treasurer, Clarence Long, Comer; County Health Officer, G. O. Wallace, Clio; City Health Officers, H. M. Weedon, Eufaula; B. F. Jackson, Clayton; B. F. Bennett, Louisville; J. S. Tillman, Clio; J. D. McLaughlin, Blue Springs. Censors—W. S. Britt, Chairman, Eufaula; W. P. Copeland, Eufaula; B. F. Bennett, Louisville; Clarence Long, Comer; J. J. Winn, Clayton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bell, John Mack, mc Alabama 15, State Board 15, Eufaula.
Bennett, Benjamin Franklin, mc Alabama 93, cb 93, Louisville.
Britt, Walter Stratton, mc Bellevue 98, cb Bullock 98, Eufaula.
Copeland, Wm. Preston, mc Bellevue 70, cb 78, Eufaula.
Faust, Daniel Bascom, mc univ Alabama 13, State Board 13, Clayton.
Fenn, Joe Wallace, mc univ Alabama 11, State Board 11, Eufaula.
Houston, Joseph Lafayette, mc Vanderbilt 98, cb 98, Comer.
Jackson, Benjamin F., mc Vanderbilt 08, State Board 07, Clayton.
Lewis, Wm. Gabriel, mc Atlanta 84, cb Henry 84, Eufaula.
Long, Clarence, mc Chattanooga 01, cb 02, Comer.
McInnis, Wm. R., mc Memphis Hosp. 96, cb 99, Clio.
McLaughlin, James Daniel, mc univ Alabama 10, State Board 10, Blue Springs.
Norton, Robert Olon, mc univ Alabama 11, State Board 11, Louisville.
Patterson, Thomas, mc Atlanta 69, cb 82, Louisville.
Patterson, Robert B., mc P. & S. Atlanta 99, cb 99, Louisville.
Reid, James, mc univ Alabama 12, State Board 12, Clayton.
Shaw, Wm. M., mc Chattanooga 05, cb 06, Clio.
Smart, William Alpheus, mc Louisville 84, cb Coffee 84, Clayton.
Tillman, John S., mc Grant univ 07, cb 07, Clio.
Tisinger, Louis F., ng, State Board 07, Eufaula.
Wallace, George Oscar, mc Alabama 91, cb 91, Clio.
White, Robert Lee, mc Alabama 98, State Board 98, Clayton.
Winn, James Julius, mc Atlanta 60, cb 81, Clayton.
Total, 23.

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PHYSICIANS NOT MEMBERS.

Gilbert, Alvenzi Jasper, mc Atlanta 89, cb 89, Eufaula.
Glover, Maximillian, ng, State Board 98, Clio.
McCoo, Thomas V., mc Leonard 06, cb 07, Eufaula.
Weedon, Walter R., mc Kentucky 94, cb 94, Eufaula.
Total, 4.

Moved out of the county—L. P. Shell, to Enterprise; W. R. Belcher, to Dothan; D. D. Stephen, to Slocomb.

Died—Judson Davie, Comer, December 8th, 1917, of acute Brights; Meights Davie, Comer.

BIBB COUNTY MEDICAL SOCIETY—Birmingham, 1887.

OFFICERS.

President, Geo. W. Williamson, Woodstock; Secretary, M. B. Williams, Centerville; Treasurer, M. B. Williams, Centerville; County Health Officer, S. E. Peacock, West Blocton. Censors—J. G. Vance, Chairman, Marvel; S. C. Meigs, Centerville; W. B. Buntin, Centerville; J. S. Williamson, Piper; W. L. Nichols, Blocton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allgood, Homer Wilson, mc Birmingham 12, State Board 13, Blocton.
Buntin, Wm. Battle, mc Memphis Hosp. 00, cb 01, Centerville, R. F. D. 4.
Davie, Nickols T., mc Tulane 09, State Board 09, West Blocton.
Deaver, Wilson Thomas, mc Alabama 15, State Board 16, Blocton.
Krout, Chas. Franklin, mc Alabama 95, cb 05, Centerville.
Meigs, Stephen C., mc univ Alabama 02, cb 02, Centerville.
Nettles, Robbins, mc Alabama 11, State Board 11, Belle Ellen.
Nicholls, Walter Lee, mc P. & S., Baltimore 02, cb Jefferson 02, Blocton.
Peacock, Lovick Edward, mc Alabama 92, cb Marengo 92, West Blocton.
Peters, W. M., mc Birmingham 06, cb Perry 06, U. S. Army.
Ray, Jacob Ussery, mc univ Tennessee 93, cb 93, Woodstock.

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Smith, Elisha Baker, mc Birmingham 12, State Board 14, Blocton.
Staples, Jacob D., mc Birmingham 14, State Board 15, Camp Hugh.
Trigg, Abram Walter, mc Alabama 81, cb Tuscaloosa 81, Blocton.
Tucker, John S., mc Alabama 06, cb Marengo 06, Blocton, R. 1.
Vance, J. Glenn, mc Birmingham 05, cb Tuscaloosa 05, Marvel.
Williams, Martin Barbour, mc Birmingham 07, cb Tuscaloosa 07, Centerville.
Williamson, George William, mc Vanderbilt 00, State Board 09, Woodstock.
Williamson, John S., mc Vanderbilt 03, cb Perry 03, Piper.
Total, 19.

HONORARY MEMBER.

Will M. Thornberry, mc Louisville, Ky. 74, retired.

PHYSICIANS NOT MEMBERS.

Bell, Claud, mc Chattanooga 04, cb Pickens 04, Garnsey.
Campbell, Charlie P., mc Tenn. 94, cb Bibb 94, Centerville, Rt. 3.
Cleveland, Jackson S., mc Birmingham 07, Bibb 07, Lawley.
Collins, Alonzo K., mc Louisville 90, cb Lamar 91, Blocton, R. F. D. 1.
Nicholson, William John, mc Vanderbilt 84, cb 86, Centerville.
Pugh, Braxton Bragg, mc Alabama 89, cb Clarke 89, Hargrove.
Schoolar, Thornley Edward, mc Vanderbilt 92, cb 92, Centerville.
Whetstone, Adair K., mc Birmingham 14, State Board 14, Camp Hugh.
Total, 8.

Moved into the county—Daniel J. Long, from Prichard, Mobile county, to Coleanor; Claud Bell, from Tuscaloosa to Garnsey; Wilson Thomas Deaver, from Jefferson county to Blocton; W. L. Nicholls, from Bessemer to Blocton; A. K. Whetstone, from Rockford, Coosa county to Camp Hugh.

Moved out of the county—Wm. Henry Abernethy, from Brent to Muscle Shoals; L. T. Lee, from Coleanor to Fairfield, Jefferson county; W. A. Sparks, from Garnsey to Walker county; M. C. Thomas, from Blocton to Fairfield, Jefferson county.

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BLOUNT COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, C. L. Stansberry, Oneonta; Vice-President, J. T. Stone, Oneonta; Secretary, M. P. Stephens, Oneonta; Treasurer, M. P. Stephens, Oneonta; County Health Officer, W. C. Miles, Cleveland; City Health Officer, N. C. Denton, Oneonta. Censors—J. T. Stone, Chairman, Oneonta; V. E. Whitehead, Blountsville; T. C. McCay, Village Springs, M. P. Stephens, Oneonta; N. C. Denton, Oneonta.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Denton, Marvin, mc univ Nashville 05, cb 07, Altoona, R. F. D.
Denton, Nathan Carter, mc univ Nashville 05, cb 06, Oneonta.
Hutto, Aaron Simeon, mc Birmingham 15, State Board 15, Village Springs.
Lovett, William J., mc Birmingham 09, State Board 09, Blount Springs.
McCay, Timothy C., mc Birmingham 15, State Board 15, Village Spgs.
Miles, William C., mc Birmingham 00, cb Blount 00, Cleveland.
Moore, David Sanders, mc Atlanta 80, cb Blount 80, Altoona, R. F. D.
Shepherd, Samuel T., mc Atlanta P. & S. 02, cb Walker 03, Lehigh.
Stansberry, Chas. Lee, Grant univ 99, Fayette cb 01, Oneonta.
Stephens, Miles Pinkney, mc univ Grant 94, cb Blount 94, Oneonta.
Stone, Joseph T., mc Memphis Hosp. 91, cb Marion 91, Oneonta.
Whitehead, Vernon Erick, mc Alabama 15, State Board 15, Blountsville.
Total, 12.

PHYSICIANS NOT MEMBERS.

Allgood, William Barnett, mc Atlanta 78, cb 78, Allgood.
Baines, William Talley, mc Vanderbilt 88, cb 88, Blountsville.
Ballinger, J. F., ng, cb 77, Blountsville, R. F. D.
Finley, Wm. M., mc Vanderbilt 79, cb 79, Blountsville.
Haden, Andrew Wade, mc Vanderbilt 82, cb 82, Summit.
Hancock, Jesse Thomas, mc Alabama 77, cb Pickens 78, Oneonta.
Morris, J. W., mc Nashville 04, cb 04, Liberty.
Self, George Washington, mc Baltimore 90, cb 90, Village Springs.
Stubbs, William Lee, mc Alabama 99, cb 99, Horton, R. F. D.
Total, 9.

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Moved out of the county—J. Arthur Brice, from Altoona, R. F. D., to Bessemer, Jefferson county.

Died—E. L. Tidwell, Cleveland, of pneumonia.

BULLOCK COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, G. M. Guthrie, Inverness; Vice-President, W. H. Harrison, Midway; Secretary, H. M. Dismukes, Union Springs; Treasurer, T. J. Dean, Union Springs; County Health Officer, C. M. Franklin, Union Springs; City Health Officers, H. M. Dismukes, Union Springs; W. H. Harrison, Midway; Oscar Johnson, Fitzpatrick; J. W. Thomason, Perote; G. M. Guthrie, Inverness. Censors—C. M. Franklin, Chairman, Union Springs; Oscar Johnson, Fitzpatrick; T. J. Dean, Union Springs; J. L. Bowman, Union Springs; S. C. Cowan, Union Springs.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ayres, Chas. J., mc univ Virginia 86, cb Dallas 86, Omega.

Bowman, James Luther, mc univ Virginia 01, cb 01, Union Springs.

Cowan, Samuel Colvin, mc Alabama 80, cb 89, Union Springs.

Darnell, Benjamin Franklin, ng, cb 83, Fitzpatrick.

Dean, Thomas Joseph, mc Louisville 94, cb Chambers 94, Union Spgs.

Dismukes Henry Mosley, mc univ Tennessee 07, State Board 09, Union Springs.

Edwards, Bryant Benjamin, mc Columbia 14, State Board 15, Union Springs.

Franklin, Chas. Moore, mc P. & S., New York 98, cb 98, Union Springs.

Griswold, Joel Clifford, mc Vanderbilt 05, cb 05, Fitzpatrick, R. F. D.

Guthrie, Emmet M., mc Vanderbilt 05, cb 05, Thompson, R. F. D.

Guthrie, George Martin, mc Alabama 00, cb 00, Inverness.

Harrison, William Henry, mc Chattanooga 93, cb Barbour 93, Midway.

Johnson, Oscar, mc Alabama 96, cb Pike 96, Fitzpatrick.

McLaurine, Hugh F., mc Vanderbilt 11, State Board 11, Fitzpatrick.

Rankin, Howard P., mc Tulane 10, State Board 10, James.

Thomason, James Wiley, mc Alabama 10, State Board 11, Perote.

Total, 16.

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PHYSICIANS NOT MEMBERS.

Allen, Alex. Geo. William, mc Meharry 99, cb Russell 99, Union Springs.

Williams, Anderson Milton, mc Leonard 00, cb 00, Union Springs.

Total, 2.

BUTLER COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, J. L. Bryan, Greenville; Secretary, L. V. Stabler, Greenville; Treasurer, L. V. Stabler, Greenville; County Health Officer, J. L. Perdue, Greenville; City Health Officer, J. L. Perdue, Greenville. Censors—J. L. Bryan, Chairman, Greenville; J. A. Kendrick, Greenville; H. K. Tippins, Chapman; A. L. Stabler, Greenville; R. A. Moorer, Georgiana.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bryan, Jas. Lafayette, mc Alabama 01, cb Crenshaw 01, Greenville.

Hawkins, Mack Creech, mc Tulane 07, State Board 06, Greenville.

Henderson, Hiliary H., mc Alabama 08, State Board 08, Bolling.

Jordan, James, mc Memphis hosp 12, State Board 12, Georgiana, R. F. D.

Kendrick, John Aaron, mc Tulane 94, cb 94, Greenville.

Moorer, Rufus Alonzo, mc Sewanee 02, cb Lowndes 02, Georgiana, R. F. D.

Morris, William Eli, mc Alabama 97, cb Conecuh 97, Georgiana.

McCane, James Jordan, mc Tulane 82, cb 82, McKenzie.

Nettles, William D., mc Alabama 10, State Board 10, Garland.

Perdue, James Lewis, mc Alabama 75, cb 75, Greenville.

Stabler, Andrew Lee, mc Vanderbilt 09, State Board 08, Greenville.

Stabler, Lorenzo V., mc Vanderbilt 98, cb 98, Greenville.

Stallings, Thomas Daniel, mc Alabama 89, cb Lowndes 89, Greenville.

Tippins, Henry K., mc Chicago Col. of M. & S. 08, State Board 08, Chapman.

Wall, Conrad, mc Alabama 97, cb Butler 97, Forest Home.

Wall, Richard A., mc Tulane 94, cb 94, Forest Home.

Watson, Robert H., mc Alabama 05, cb 05, Georgiana, R. F. D.

Total, 17.

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PHYSICIANS NOT MEMBERS.

Garrett, James Jefferson, mc Georgia Eclectic 82, cb 82, Forest Home.

Jennings, Samuel Kirk, mc Alabama 04, cb Chambers 04, Georgiana.

Lanford, Walter B., mc Alabama 06, cb Crenshaw 06, Manningham.

Nuttall, Harry M. (col.), mc univ Mich. 04, State Board 04, Greenville.

Watson, James Crawford, mc Alabama 98, cb 98, Georgiana.

Total, 5.

Moved into the county—W. B. Lanford, from Braggs to Manningham.

Moved out of the county—W. B. Moorer, from McKenzie to East Tallassee.

CALHOUN COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, W. H. Kinnebrew, Piedmont; Vice-President, E. C. Anderson, Anniston; Secretary, C. Hal Cleveland, Anniston; Treasurer, E. C. Anderson, Anniston; County Health Officer, J. F. Rowan, Jacksonville; City Health Officer, C. Hal Cleveland, Anniston. Censors—A. N. Steele, Chairman, Anniston; M. J. Williams, Oxford; J. F. Rowan, Jacksonville; H. O. Sparks, Piedmont; E. C. Anderson, Anniston.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Anderson, Edmunds Clack, mc Kentucky Sch. Med. 77, cb 85, Anniston.

Arbery, Clifford Goodman, mc Birmingham 10, State Board 10, Anniston.

Arbery, William Buchanan, mc Vanderbilt 82, cb Macon 82, Jacksonville.

Barker, Erastus Thomas, mc Memphis Hospital 99, cb Cleburne 99, McFall.

Brannon, Wade H., mc Birmingham 10, State Board 10, Anniston.

Brothers, Thomas Jefferson, mc P. & S. Baltimore 03, State Board 02, Anniston.

Caffey, Benjamin F., mc Tulane 11, State Board 11, Choccolocco.

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Cleveland, C. Hal, mc Vanderbilt 15, State Board 15, Anniston.
Crook, Jerre Edward, mc Vanderbilt 83, cb 83, Jacksonville.
Cryer, George A., mc Vanderbilt 03, cb Elmore 04, Anniston.
Curlee, Elijah L., mc University South 06, cb Clay 06, Anniston.
Douthit, Andrew Jackson, ng, cb 81, Jacksonville.
Hawkins, John P., mc Chattanooga 94, cb St. Clair 96, Oxford.
Huey, Thomas Ford, mc Tulane 01, cb Perry 01, Anniston.
Hughes, Robert Lee, mc Atlanta 92, cb 92, Anniston.
Kinnebrew, William H., mc univ New York 73, cb 83, Piedmont.
Levi, Irwin Palmer, mc univ Pennsylvania 09, State Board 09, Anniston.
Leyden, Horace Alma, mc univ Tennessee 09, State Board 10, Anniston.
Martin, Henry Marcellus, Jr, mc univ Virginia 99, State Board 00, Anniston.
McCraw, Reuben Terrell univ of Ala. 13 State Board 14, Oxford.
Meharg, Robert Lee, mc Alabama 06, cb 06, Alexandria.
Meharg, Shelton Theo., mc Memphis Hospital 00, cb 00, Weaver.
Meharg, William Gray, mc Memphis Hospital 99, cb 99, Ohatchee.
Morris, John David, mc Atlanta 14, State Board 14, Piedmont.
Nourse, Alvin Lebrun, mc Beach 85, State Board 05, Anniston.
Patton, Thomas J., mc univ Alabama 06, cb Greene 06, Oxford.
Ridlon, Joseph R., mc Med. School of Maine 06, U. S. P. H. Service 16, Anniston.
Rowan, John Forney, mc univ Virginia 79, univ N. Y. 80, cb 06, Jacksonville.
Salter, Wilburn M., mc univ Alabama 07, cb Conecuh 07, Anniston.
Sargent, Oscar, mc Vanderbilt 80, cb Franklin 88, Jacksonville.
Sellers, Neal, mc univ Alabama 05, State Board 05, Anniston.
Sparks, Horace Ollie, mc P. & S. Atlanta 02, cb 02, Piedmont.
Steele, Abner Newton, mc Alabama 90, cb Pickens 90, Anniston.
Underwood, Sellers S., mc Tulane 07, State Board 07, Anniston.
Watson, Jerre, mc univ Alabama 16, State Board 16, Anniston.
Weaver, Frank C., mc univ of Ala. 13, State Board 13, Anniston.
Williams, Mark Johnson, mc Birmingham 02, cb 02, Oxford.
Woodruff, Leroy H., mc univ Alabama 13, State Board 14, Anniston.
Total, 38.

PHYSICIANS NOT MEMBERS.

Huger, Richard Proctor, mc South Carolina 71, cb 81, Anniston.

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Jackson, Fred D., mc Meharry 14, State Board 14, Anniston.
Rodgers, Gordon Alexander (col.), mc Meharry 08, State Board 07, Anniston.
Sasville, E. M., mc N. W. univ 02, State Board 05, Anniston.
Sharp, Geo. B, Sou. Med. Col. 93, cb Cherokee 93, Piedmont.
Shipp, Montgomery Gilbert, mc Vanderbilt 01, cb Marshall 02, Anniston.
Teague, Frank B., mc univ Tennesee 80, cb Etowah 80, Piedmont.
Thomas, Chas. Edward (col.), mc Long Island Hosp. 90, cb 90, Anniston.
Vann, Paul D., mc Alabama 96, cb 96, Anniston.
Vansant, John W., mc Ga. Coll. Eclectic M. & S. 04, cb Marshall 06, Piedmont.
Walker, James Fleming, mc Louisville 92, cb 92, Anniston.
Whiteside, John McIntyre, mc Vanderbilt 84, cb 94, Anniston.
Wilborne, Don (col.), mc Leonard 09, State Board 10, Anniston.
Williams, George Coke, ng, old law, White Plains.
Total, 14.

Moved into the county—Wilbur M. Salter, from Repton to Anniston; W. H. Brannon, from Sylacauga to Anniston; M. G. Shipp, from Albertville to Anniston; T. J. Patton, from Greene county to Oxford; S. S. Underwood, from Tulane to Anniston; J. R. Ridlon, U. S. Public Health Service, to Anniston.

Moved out of the county—Ed. M. Sellers, to Birmingham; Wm. D. Sellers, to Birmingham; J. C. Williams, to Cherokee county; A. W. Ligon, from Oxford to Cleburne county; J. O. Morgan, from Piedmont to Gadsden, Etowah county.

CHAMBERS COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, Hugh McCullouch, West Point, Ga.; Vice-President, R. L. Weldon, Lanett; Secretary, J. L. Weldon, Lanett; Treasurer, J. L. Weldon, Lanett; County Health Officer, J. T. Clack, Abanda; City Health Officers, Hugh McCullough (for Lanett), West Point, Ga.; N. A. Wheeler, Lafayette. Censors—W. L. Marshall, Chairman, Langdale; N. A. Wheeler, Lafayette; W. D. Gaines, Lafayette; James Tankersley, Shawmut; T. H. Haralson, Cusseta.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Clack, James Thomas, mc Birmingham 11, State Board 11, Abanda.
Coggin, Fount Randall B., mc Alabama 11, State Board 11, Waverly.
Finley, Emmet M., mc Sou. Med. 96, cb 96, Standing Rock.
Gaines, William D., mc Alabama 92, cb 92, Lafayette.
Grady, Zachary Taylor, mc Atlanta 80, cb 81, Lafayette.
Green, Eibert P, mc Augusta 99, cb Randolph 99, Stroud, R. 1.
Haralson, Thomas H., mc Memphis Hospital 99, cb Tallapoosa 99, Cusseta.
Hodges, Wyatt T., mc Alabama 92, cb 97, River View.
Ison, Josiah Allen, mc Southern 87, cb Tallapoosa 87, Lafayette, R. 6.
Marshall, W. L., mc P. & S. Atlanta 06, cb Randolph 06, Langdale.
McCullough, Hugh, mc Atlanta 95, cb ...., West Point, Ga.
Milford, H. A., mc ...., cb ...., Five Points.
Piper, Barney Lee, mc Atlanta 16, State Board 16, Stroud, R. 1.
Ramage, Raymond Brock, mc Vanderbilt 14, State Board 14, Lafayette.
Rea, Benjamin F., mc univ of Ala. 85, cb 86, Lafayette.
Riser, William H, mc Alabama 08, State Board 07, Milltown.
Stevens, Reuben Calvin, mc South Med. Col. 92, cb Cleburne 97, Lafayette.
Weldon, Jesse L., mc Birmingham 11, State Board 12, Lanett.
Weldon, Robert L, mc Georgia Eclectic 92, cb 00, Lanett.
Wheeler, N. A., mc P. & S. Atlanta 07, cb 07, Lafayette.
Total, 20.

PHYSICIANS NOT MEMBERS.

Morrow, Robert Prosser, mc univ Alabama 11, State Board 11, West Point, Ga.
Patillo, J. T., mc Atlanta 95, cb ...., Shawmut.
Smith, Alfred C., mc Atlanta 12, State Board 14, Shawmut.
Tankersley, James, mc univ Alabama 06, cb Crenshaw 06, Shawmut.
Total, 4.

Died—John B. Rutland.

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CHEROKEE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, S. C. Tatum, Center; Vice-President, W. S. McElrath, Cedar Bluff; Secretary, R. L. McWhorter, Gaylesville; Treasurer, R. L. McWhorter, Gaylesville; County Health Officer, S. C. Tatum, Center. Censors—S. C. Tatum, Chairman, Center; W. S. McElrath, Cedar Bluff; J. P. Farill, Cedar Bluff; L. R. Stone, Taff; R. L. McWhorter, Gaylesville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Callan, Thos. Edward, mc Alabama 94, cb DeKalb 94, Gaylesville.
Cardon, Samuel Garrett, mc Alabama 02, cb 02, Center.
Emerson, John Forest, mc Grant univ 95, cb Marshall 97, Spring Garden.
Farill, John Paul, mc Atlanta 81, cb 87, Cedar Bluff, Route 2.
McElrath, William Sparks, mc Memphis 00, cb 00, Cedar Bluff.
McWhorter, Robert Lee, mc Alabama 87, cb 87, Gaylesville.
Sewell, William Asberry, mc Birmingham 12, State Board 12, Center.
Sigrist, Otho Randolph, mc Birmingham 08, State Board 08, Cedar Bluff.
Stone, Leonard Rice, mc Grant univ 05, cb Bibb 05, Taff.
Tatum, Samuel Carter, mc Vanderbilt 93, cb 93, Center.
Tatum, William Briggs, mc univ Alabama 16, State Board 17, Center.
White, William Yancey, mc Vanderbilt 87, cb 87, Center.
Total, 13.

HONORARY MEMBER.

White, Thomas Noel, mc univ Georgia 60, cb 87, Spring Garden.
Total, 1.

PHYSICIANS NOT MEMBERS.

Brown, Alexander M., mc Ga. Eclectic 77, cb 87, Round Mountain.
Cook, Edward Augustus, mc Vanderbilt 84, cb 84, Cave Springs, Ga.
Gullatt, J. A., ng, illegal, Round Mountain.
Matthews, John Patrick, mc univ Tenn. 84, cb 87, Leesburg, Route 1.

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Wright, Luther, mc Atlanta 98, cb 98, Cedar Bluff, Route 1.
Williams, James C., mc Birmingham 10, State Board 10, Rock Run.
Total, 6.

Moved into the county—William Yancey White, from Virginia to Center; James C. Williams, from Calhoun to Rock Run.

Moved out of the county—William Henry Boozer, from Rock Run to Talladega.

CHILTON COUNTY MEDICAL SOCIETY—1879.

OFFICERS.

President, V. J. Gragg, Clanton; Vice-President, N. S. Johnson, Clanton; Secretary, R. B. McNeill, Jemison; Treasurer, R. B. McNeill, Jemison; County Health Officer, J. P. Hayes, Clanton; City Health Officers, J. P. Hayes, Clanton; R. B. McNeill, Jemison. Censors—J. P. Hayes, Chairman, Clanton; W. E. Kay, Maplesville; N. S. Johnson, Clanton; C. S. Strock, Verbena; R. B. McNeill, Jemison.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Armistead, Isaac Grant, mc Mobile 13, State Board 14, Maplesville.
Downs, Hosea F., mc univ Nashville 10, State Board 10, Clanton.
Eiland, John Daniel, mc univ Nashville 11, State Board 12, Mountain Creek.
Eiland, Robert John, non-graduate, State Board 07, Coopers.
Gragg, Vincent Jones, mc Tulane 08, State Board 06, Clanton.
Hayes, Julius Poe, mc Memphis Hospital 96, cb 96, Clanton.
Johnson, Arthur, mc Vanderbilt 09, State Board 09, Clanton.
Johnson, Napoleon S, mc univ Alabama 01, cb 01, Clanton.
Johnson, Samuel E., mc Vanderbilt 11, State Board 11, Clanton.
Kay, Wm. Eli, mc Maryland 05, cb Pickens 05, Maplesville.
McNeill, R. Berney, mc Memphis Hospital 98, cb 98, Jemison.
Parnell, Chas. Nicholas, mc Alabama 91, cb 91, Maplesville.
Strock, Chas. Stewart, mc Vanderbilt 04, cb Chilton 04, Verbena.
Wise, William Tell, mc Atlanta Southern 89, cb 94, Cooper.
Total, 14.

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PHYSICIANS NOT MEMBERS.

Christian, James Clark, Old Law, Mountain Creek.
DuBose, Julius Jesse, mc Atlanta 95, cb 95, Stanton.
Johnson, Jos. M. B., mc Miami 83, cb Shelby 87, Jemison.
Woolley, Albert M., mc Alabama 00, cb Bibb 00, Thorsby.
Woolley, C. Morgan, mc univ of Ala. 93, Thorsby.
Total, 5.

Moved out of the county—John L. Kincaid, from Jemison to Bessemer; David Adams Mason, from Stanton to Felix, Perry county.

CHOCTAW COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, H. W. Robinson, Bevill; Vice-President, A. D. James, Pennington; Secretary, W. H. Christopher, Lisman; Treasurer, W. H. Christopher, Lisman; County Health Officer, W. H. Christopher, Lisman. Censors—J. C. Christopher, Chairman, Pennington; T. M. Littlepage, Mt. Sterling; J. M. Stanley, Silas; John Rudder, Riderwood, Sam T. Miller, Yantley.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Alman, Sam, mc Louisville 98, cb 98, Gilbert Town.
Christopher, Frank E., mc Louisville 94, cb 94, Isney.
Christopher, John C., mc Louisville 94, cb 94, Pennington.
Christopher, Walter H., mc Memphis Hospital 01, cb 01, Lisman.
James, Ashley D., mc Alabama 01, cb 01, Pennington.
Littlepage, Thomas M., mc Alabama 04, cb 04, Mt. Sterling.
Mason, Howard H., mc Alabama 03, cb 03, Butler.
Miller, Samuel T., mc Alabama 01, cb Greene 04, Yantley.
Moore, Walter N., mc Louisville 03, cb 04, Lisman.
Robinson, Henry W., mc Memphis Hospital 01, cb 01, Bevill.
Stanley, Joseph M., mc Tennessee 09, State Board 10, Silas.
Total, 11.

PHYSICIANS NOT MEMBERS.

Carnathon, Wm. George, mc Alabama 05, cb 05, Halsell.
Horn, Edward G., mc Kentucky 01, cb 01, Lisman.

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Jackson, Columbus A., mc Alabama 08, State Board 08, Toxey.
Lenoir, Thos. R., mc Alabama 92, cb 92, Womack Hill.
Phillips, J. P., mc Alabama 86, cb 86, Yantley.
Rudder, John, mc Nashville 07, cb 07, Riderwood.
Staples, W. B., mc Nashville 02, cb Washington 02, Bladon Springs.
Total, 7.

Moved out of the county—L. H. Scenteff, to State Line, Miss.; T. J. Ray, to Selma; J. L. Granberry, from Gilbertown to Mobile county; G. Fred Littlepage, to Muscle Shoals.

CLARKE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, A. S. Pugh, Grove Hill; Vice-President, B. Boroughs, Jackson; Secretary, J. M. Cobb, Grove Hill; Treasurer, L. O. Hicks, Jackson; County Health Officer, J. M. Cobb, Grove Hill; City Health Officers, J. A. Gilmore, Thomasville; J. E. Evans, Fulton; R. E. Shaw, Whatley; J. G. Bedsole, Jackson. Censors—J. T. Pugh, Chairman, Grove Hill; J. A. Kimbrough, Thomasville; L. J. Davis, Bashi; J. E. Evans, Fulton; L. O. Hicks, Jackson.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Benjamin F., mc Alabama 08, State Board 08, Fulton.
Armistead, John Robert, mc Maryland 08, State Board 08, Jackson.
Armistead, James Westwood, mc Alabama 83, cb 84, Grove Hill.
Bedsole, James Goodman, mc Vanderbilt 11, State Board 11, Grove Hill.
Boroughs Bryan, mc univ Louisville 69, cb 84, Jackson.
Chapman, Gross S., mc Alabama 79, cb 84, Jackson.
Cobb, Jesse M., mc Tulane 93, cb 93, Grove Hill.
Dahlberg, Charles Isaac, mc Alabama 87, cb Choctaw 88, Suggsville.
Davidson, James S, mc Alabama 92, cb 93, Thomasville.
Davis, Lawrence J., mc Alabama 95, cb 96, Bashi.
Eidson James Thomas, mc Alabama 94, Bullock 94, Coffeeville.
Evans, Josiah Edward, mc Alabama 00, cb 00, Fulton.
Fleming, John W., mc Alabama 79, cb 84, Salitpa.
Gilmore, John Arcade, mc Louisville 86, cb 86, Thomasville.

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Godbold, John Cooper, Jr., mc univ Alabama 11, State Board 11, Whatley.

Hicks, Lamartine Orlando, mc Alabama 71, cb 84, Jackson.

Kimbrough, John A., mc Louisville 98, cb 98, Thomasville.

Kimbrough, John, Jr., mc Memphis Hospital 13, State Board 14, Thomasville.

McVay, Leon Victor, mc Alabama 15, State Board 15, Salitpa.

Pugh, Albert Sidney, mc Kentucky School Med. 92, cb 93, Grove Hill.

Pugh, Clement E., mc Alabama 89, cb 89, Grove Hill.

Pugh, John T., mc Vanderbilt 97, cb 97, Grove Hill.

Robinson, Amos N., mc Alabama 93, cb 94, Coffeeville.

Rudder, Bryant C., mc univ Nashville 11, State Board 11, Walker Springs.

Shaw, Robert E., mc Alabama 98, State Board 99, Whatley.

Trice, Peter A., mc Louisvile 02, cb Choctaw 02, Morvin.

White, Alexander L., mc Memphis Hospital 98, cb 98, Thomasville.

Total, 27.

PHYSICIANS NOT MEMBERS.

Arnilstead, Lee, ng, cb Choctaw, Campbell.

Cowan, C. E., mc univ Alabama 11, State Board 11, Cunningham.

Gillespie, Robert C., mc Louisville Med. Col. 83, cb Sumter 91, Gainestown.

Kirvin, Thomas C., mc Louisville 84, cb 92, Salitpa.

Total, 4.

Moved into the county—T. C. Kirven, from Lee county to Salitpa.

CLAY COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, J. M. Barfield, Lineville; Secretary, B. C. Scarbrough, Ashland; Treasurer, B. C. Scarbrough, Ashland; County Health Officer, B. A. Stephens, Lineville; City Health Officers, J. W. Jordan, Ashland; B. A. Setphens, Lineville. Censors—M. L. Shaddix, Chairman, Ashland; J. M. Barfield, Lineville; A. H. Owens, Ashland; J. S. Gay, Delta.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barfield, Jesse M., mc P. & S. Atlanta 01, cb 01, Lineville.
Campbell, Wm. A., non-graduate, cb Talladega, Pyriton.
Cornelius, Daniel R., mc Atlanta 08, cb Montgomery 08, Ashland.
Dean, Leon, mc univ. of Ala. 13, State Board 14, Lineville.
Gay, Coleman P., mc Atlanta Southern 97, cb Randolph 97, Lineville.
Gay, James S., mc Birmingham 05, cb 05, Delta.
Gay, Stonewall Jackson, mc Atlanta Southern 88, cb Randolph 88, Lineville.
Hilt, John L., mc Atlanta Southern 89, cb Clay 89, Lineville.
Jordan, Joseph Wiley, mc Atlanta 91, cb 87, Ashland.
Killgore, James J., mc Memphis Hospital 01, cb 01, Wadley, R. F. D.
Northen, Chas. S., mc Atlanta 91, cb 91, Ashland.
Northen, Thomas, mc Atlanta 78, cb 87, Ashland.
Owens, Arthur H., mc Alabama 05 cb 05, Ashland.
Owens, Seaborn Wesley, ng 87, cb 87, Ashland.
Price, Wm. Hugh, mc Birmingham 10, State Board 11, Cragford.
Scarbrough, Bemon C, mc univ Tennessee 11, State Board 11, Ashland.
Shaddix, Marion Leonard, mc univ Alabama 10, State Board 10, Ashland.
Slaughter, Myles Jasper, mc univ Alabama 05, cb 05, Millerville.
Stephens, Albert R., mc Atlanta Southern 88, cb 88, Delta.
Stephens, Burrell Anderson, mc Alabama 92, cb 92, Lineville.
Wilson, Ollie E., mc univ Ala. 10, State Board 10, Millerville.
Total, 21.

PHYSICIANS NOT MEMBERS.

Pruet, Madison Jasper, mc Memphis Hospital 96, cb 96, Clairmont Springs, R. F. D.
Jordan, Jay Wm, mc Atlanta Southern 11, State Board 14, Cragford.
Jordan, Curry Erastus, Chicago M. & S. 14, illegal, Ashland, Rt. 5.

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CLEBURNE COUNTY MEDICAL SOCIETY—Selma, 1884.

OFFICERS.

President, S. L. B. Blacke, Fruithurst; Vice-President, Baxter Rittenberry, Heflin; Secretary, L. R. Wright, Heflin; Treasurer, L. R. Wright, Heflin; County Health Officer, S. L. B. Blacke, Fruithurst. Censors—J. D. Duke, Chairman, Heflin; W. H. Lindsey, Hightower; J. M. Lindsey, Hightower; Baxter Rittenberry, Heflin; F. R. Wood, Heflin.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blacke, Simeon Lovell Bearce, mc Ohio 69, cb 98, Fruithurst.
Duke, Jefferson Davis, mc Atlanta Southern 84, cb Randolph 84, Heflin.
Hurt, Jas. P., Old Law, Edwardsville.
Lindsey, Jeremiah M., mc Chattanooga 97, cb 97, Hightower.
Lindsey, William Henry, mc Chattanooga 94, cb 94, Hightower.
Rittenberry, Baxter, mc Birmingham 99, cb St. Clair 99, Heflin.
Wood, Frank Richard, mc Chattanooga 01, cb Randolph 01, Heflin.
Wright, Lee Roy, mc univ Nashville 00, cb 00, Heflin.
Total, 8.

NON-MEMBER.

Houston, James P., mc Chattanooga 04, cb 04, Edwardsville, Route 1.
Ligon, Arthur Wellington, mc Vanderbilt 83, cb 84, Heflin, Route 3.
Ligon, Jas. H., mc Vanderbilt 91, cb 91, Heflin, Rt. 3.
Total, 3.

Moved into the county—Arthur Wellington Ligon, from Oxford to Heflin, R. F. D. 3; James P. Houston, from Tallapoosa, Ga., to Edwardsville, R. F. D. 1.

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COFFEE COUNTY MEDICAL SOCIETY—Greenville, 1885.

OFFICERS.

President, B. F. Thrower, Enterprise; Vice-President, E. L. Gibson, Enterprise; Secretary, W. A. Lewis, Enterprise; Treasurer, W. A. Lewis, Enterprise; County Health Officer, J. B. Woodall, New Brockton; City Health Officers, E. L. Gibson, Enterprise; W. C. Braswell, Elba; B. J. Massey, New Brocton. Censors—B. J. Massey, Chairman, New Brockton; J. B. Woodall, New Brockton; A. T. Colley, Enterprise; B. F. Thrower, Enterprise; C. P. Hayes, Elba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blue, Jasper Dixon, ng, cb 85, Elba.

Braswell, William Cicero, mc Tulane 09, State Board 09, Elba.

Byrd, Benjamin Lttleberry, mc unv Alabama 92, cb Dale 92, Enterprise.

Colley, Aaron Thomas, mc univ Louisville 94, cb Pike 94, Enterprise.

Fleming, Porter Thomas, mc Louisville 94, cb 94, Enterprise.

Gibson, Edward Lee, mc Birmingham 13, State Board 13, Enterprise.

Hayes, Charles Phillip, mc Louisville 06, cb Houston 06, Elba.

Lewis, Walter Augustus, mc Tulane 97, cb Barbour 97, Enterprise.

Massey, Bartlett Jones, mc Birmingham 03, cb Jefferson 03, New Brockton.

Mixson, Clarence William, mc univ Alabama 08, State Board 08, Elba, R. F. D.

Stanley, William Alfred, mc Alabama 12, State Board 12, Enterprise.

Thrower, Benjamin Franklin, mc univ Alabama 11, State Board 12, Enterprise, R. F. D. 4.

Woodall, John Brooks, mc Memphis Hospital 11, State Board 13, New Brockton.

Total, 13.

HONORARY MEMBER.

Crook, William Henry, mc Alabama 84, cb 85, Victoria.

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PHYSICIANS NOT MEMBERS.

Akins, James Luther, mc univ Alabama 11, cb 11, Kingston.
Ballard, Benj. Randall, mc univ Tennessee 94, cb Crenshaw 94, Kinston.
Bowden, Coley C., mc Alabama 13, State Board 14, Glenwood, R. F. D.
Bragg, Eugene G., mc Birmingham 14 State Board 15, Victoria.
Crook, William Randolph, mc Chattanooga 06, cb 06, Victoria.
Folsom, Marion A., mc univ Alabama 07, cb 07, Victoria.
Ham, Nelson Matthews, mc univ Alabama 98, cb Elba, R. F. D.
Harrison, King William, mc 96, cb Lowndes 97, Enterprise.
Loflin, Hiram Davis, mc Alabama 04, cb Pike 04, Enterprise.
Norris, Ray Hart, mc univ of Ala. 97, cb Monroe 97, Enterprise (retired).
Pruett, David P., mc Alabama 09, State Board 09, Elba, R. F. D.
Sellers, Joel Carter, mc Alabama 94, cb 94, Enterprise.
Shell, L. P., mc Vanderbilt 05, cb Barbour 05, Enterprise.
Treadwell, Lucius M., non-graduate, cb Pike 85, Enterprise.
Townsend, Austin Flint, mc univ Alabama 02, cb Pike 02, Enterprise.
Waters, Harvey A., univ of Ala. 12, State Board 12, Elba.
White, Henry Herbert, mc univ Alabama 05, cb Clarke 05, Enterprise.
Total, 17.

Moved into the county—Joel C. Sellers, from Chancellor, Geneva county, to Enterprise; L. P. Shell, from Blue Springs, Barbour county, to Enterprise; H. D. Loflin, from Pike county to Enterprise.

Moved out of the county—George Traylor Edwards, from Elba to Ensley.

COLBERT COUNTY MEDICAL SOCIETY—Montgomery, 1881.

OFFICERS.

President, C. W. Williams, Tuscumbia; Vice-President, W. L. Dinsmore, Tuscumbia; Secretary, C. R. Palmer, Tuscumbia; Treasurer, C. R. Palmer, Tuscumbia; County Health Officer, C. R. Whitman, Tuscumbia; City Health Officers, D. F. Dinsmore, Tuscumbia; W. J. Maxwell, Sheffield; J. H. Masterson, Leighton; C. W. Williams, Tuscumbia. Censors—W. J. Maxwell, Chairman, Sheffield.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Wily Simeon, mc univ Georgia 08, State Board 10, Cherokee.

Blake, Wyatt Heflin, mc Vanderbilt 83, cb Randolph 87, Sheffield.

Chapman, Leland W., mc univ Alabama 11, State Board 11, Tuscumbia.

Dinsmore, William Lewis, mc Vanderbilt 81, cb Lawrence 82, Tuscumbia.

Dinsmore, David Finley, mc univ Louisville 72, cb Lawrence 87, Tuscumbia.

Dyer, Walter Harmond, mc P. & S., Atlanta 11, State Board 11, Sheffield.

Evans, Richard Curtis, mc univ South 05, cb Jefferson 05, Sheffield.

Finley, William Albert, mc non-graduate, State Board 09, Maud.

Griffith, Howard Asa, mc Birmingham 07, cb Jefferson 07, Sheffield.

Greer, William H., mc Grant univ 00, cb Lawrence 00, Sheffield.

Marcus, Thomas Jefferson, mc Memphis Hospital 10, State Board 10, Tuscumbia.

Masterson, John H., mc Louisville 89, cb 89, Leighton.

Maxwell, Walter John, mc univ of South 01, cb Tuscaloosa 01, Sheffield.

Morris, Chas. T., mc Louisville 80, cb Henry 81, Sheffield.

Palmer, Charles Richard, Jr., mc univ Tennessee 15, State Board 15, Sheffield.

Walker, David Harris, mc Vanderbilt 81, cb 81, Leighton.

Whitman, Clayborne R., mc Birmingham 09, State Board 09, Tuscumbia.

Williams, Charles W., mc Nashville 73, cb 81, Tuscumbia.

Total, 18.

PHYSICIANS NOT MEMBERS.

Abernethy, William Henry, mc Alabama 09, State Board 09, Nitrate Plant No. 2.

Davis, Arthur W. (col.) mc Meharry 03, cb 03, Tuscumbia.

Harris, J. Monroe, mc ...., cb ...., Allsboro.

Lindsey, Eugene C., mc Vanderbilt 95, cb Limestone 01, Florence.

Littlepage, G. Fred, mc Tulane 09, State Board 07, Nitrate Plant N. 2, Sheffield.

O'Reilly, John Edward, mc Alabama 74, Old Law 84, Cherokee.

Ruffin, Washington L. (col.), mc Leonard 08, cb Montgomery 08, Sheffield.

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Walker, Audiss Moore, mc Alabama 11, State Board 11, Nitrate Plant No. 2, Sheffield.

Total, 8.

Moved into the county—W. H. Abernathy, from Bibb county to Nitrate Plant No. 2; E. C. Lindsey, from Shelby county to Florence; G. F. Littlepage, from Choctaw county to Nitrate Plant No. 2; A. M. Walker, from Pickens county to Nitrate Plant No. 2, Sheffield; H. A. Griffith, from Greene county to Sheffield; W. L. Dinsmore, from Decatur to Tuscumbia; D. F. Dinsmore, from Decatur to Tuscumbia; Wm. H. Greer, from Albany to Sheffield.

CONECUH COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, J. W. Hagood, Evergreen; Vice-President, W. A. Blair, Herbert; Secretary, W. F. Betts, Evergreen; Treasurer, W. F. Betts, Evergreen; County Health Officer, J. W. Hagood, Evergreen; City Health Officers, E. L. Stallworth, Evergreen; E. L. Kelly, Repton; J. H. Carter, Castleberry. Censors—W. A. Blair, Chairman, Herbert; J. W. Hagood, Evergreen; P. B. Skinner, Belleville; G. G. Newton, Evergreen; W. F. Betts, Evergreen.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Belo, Frederick A., inc. Jefferson 70, Old Law, Evergreen (retired).

Betts, William Franklin, mc Tulane 92, cb Monroe 92, Evergreen.

Blair, Wesley A., mc Tulane 05, State Board 04, Herbert.

Carter, Joel H., mc Alabama 10, State Board 10, Castleberry.

Fountain, Hugh Thomas, mc Alabama 72, cb Monroe 79, Burnt Corn.

Haggard, Wm. Andrew, mc Alabama 11, State Board 11, Brooklyn.

Hagood, John W., mc Alabama 98, cb Lowndes 98, Evergreen.

Hairston, William George, mc Maryland 04, State Board 04, Burnt Corn.

Holland, Richard Thomas, mc Alabama 90, cb Escambia 90, Castleberry.

Jones, Urbam Louis, mc univ Missouri 04, cb Geneva 04, Brooklyn.

Kelly, Edward Lamar, mc Alabama 00, cb 05, Repton.

Newton, Guy Guerdon, mc Alabama 97, cb 97, Evergreen.

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Rubach, Carl, mc Memphis Hosp. 94, cb 96, Evergreen.
Skinner, Percy B., mc Alabama 05, cb 05, Belleville.
Stallworth, Emmett Lemuel, mc Alabama 94, cb 94, Evergreen.
Total, 15.

PHYSICIANS NOT MEMBERS.

Cammack, Kossuth R., mc Alabama 14, State Board 14, Evergreen, R. F. D.
Ferguson, A. M., mc Alabama 03, cb Baldwin 03, Bermuda.
Franklin, James Alexander, mc Michigan 14, State Board 15, Evergreen.
Total, 3.

Moved out of the county--W. M. Salter, from Repton to Anniston; H. M. Hawthorne, from Castleberry to Magdalena, New Mexico.

COOSA COUNTY MEDICAL SOCIETY—Birmingham, 1883.

OFFICERS.

President, Julius Jones, Rockford; Vice-President, J. A. M. Nolen, Equality; Secretary, J. A. R. Chapman, Kellyton; Treasurer, J. A. R. Chapman, Kellyton; County Health Officer, C. K. Maxwell, Kellyton; City Health Officers, C. K. Maxwell, Kellyton; Julius Jones, Rockford; J. W. Pruett, Weogufka; W. H. Moon, Goodwater; S. T. Cousins, Equality. Censors—J. A. M. Nolen, Chairman, Equality; C. K. Maxwell, Kellyton; A. J. Peterson, Goodwater; J. E. Hardin, Rockford; Julius Jones, Rockford.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Argo, Eugene, mc Vanderbilt 91, cb 91, Goodwater.
Cousins, Sam Townsend, mc Birmingham 10, State Board 12, Equality.
Chapman, John A. R., mc univ Alabama 12, State Board 12, Kellyton.
Dunlap, W. B., ng, Botanist, cb 83, Hollins.
Griffin, James Olin, mc univ Alabama 00, cb Clay 00, Goodwater.
Harden, J. Elze, mc univ Nashville 08, State Board 08, Rockford, Route 1.

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Hunter, John T., mc Birmingham 01, cb 01, Equality.
Jones, Julius, mc Vanderbilt 84, cb 84, Rockford.
Ledbetter, Llewellyn H., mc Louisville 07, cb Tallapoosa 07, Goodwater.
Maxwell, Cecil Kelly, mc Alabama 91, cb 92, Kellyton.
Moon, William Henry, mc Alabama 79, cb 83, Goodwater.
Nolen, John A. M., mc univ Alabama 04, cb 04, Equality.
Penton, John Abner, mc P. & S. Baltimore 00, cb 01, Goodwater.
Peterson, Albert Jefferson, mc Vanderbilt 89, cb 89, Goodwater, Route 3.
Pruett, James W., mc Alabama 92, cb 92, Weogufka.
Total, 15.

Moved into the county—J. O. Griffin, from Tallapoosa county to Goodwater.

Moved out of the county—A. K. Whetstone, to Tuscaloosa county.

COVINGTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, Ferrin Young, Florala; Vice-President, H. W. Jordan, Red Level; Secretary, J. C. McLeod, Opp; Treasurer. J. C. McLeod, Opp; County Health Officer, G. L. Gresham, Andalusia; City Health Officers, G. L. Gresham, Andalusia; J. C. McLeod, Opp; Ferrin Young, Florala; H. W. Jordan, Red Level; C. T. Bozeman, Gantt. Censors—A. M. Richards, Chairman, Andalusia; L. D. Parker, Andalusia; J. C. McLeod, Opp; H. W. Jordan, Red Level; J. W. Fleming Lockhart.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Adams, Edward L., mc Alabama 97, cb 97, Florala.
Battle, Henry E., mc univ Tennessee 96, State Board 97, Andalusia.
Bean, Walton L., mc Louisville 97, cb Geneva 97, Andalusia.
Blair, William M., mc univ Ala. 10, State Board 10, Gantt.
Bozeman, Thomas C., mc Alabama 92, cb 92, Gantt.
Broughton, Louis Edward, mc Tulane 93, cb Butler 93, Andalusia.
Campbell, Daniel J., mc Mississippi 09, State Board 09, Dozier, R. F. D.

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Dalton, Toby E., mc Georgia Eclectic 94, cb Coffee 95, Opp.
Ealum, James R., mc Alabama 91, cb 91, Red Level.
Fleming, John W., mc Alabama 08, State Board 08, Lockhart.
Gallaway, Fletcher W., mc Memphis Hospital 03, cb Houston 03, Florala.
Gresham, George L., mc Tulane 05, Covington 05, Andalusia.
Jordon, Henry Washington, mc Memphis Hosp. 12, State Board 12, Red Level.
McLeod, John C., mc Alabama 04, cb Barbour 04, Opp.
Miller, Robert L., mc Georgia Eclectic M. & S. 94, cb Covington 94, Florala, and Paxton, Fla.
Nix, George C., mc univ Texas 04, cb Chilton 04, Opp.
Parker, Lorenzo Dowe, mc univ Alabama 01, cb 01, Andalusia.
Pennington, James C., mc univ Tenn. 94, cb Crenshaw 94, Andalusia.
Pierson, Whatley W, mc Alabama 99, cb Covington 99, River Falls.
Ray, Thomas Q, mc Atlanta Southern 95, cb Crenshaw 95, Andalusia.
Richards, Albert M., mc Maryland 04, State Board 08, Andalusia.
Smith, Eugene R., mc Maryland 04, State Board 04, Andalusia.
Smith, William R., mc Alabama 86, cb Butler 86, Red Level.
Stewart, Benjamin C., mc Alabama 00, cb Pike 00, Opp.
Terry, Jas. Edward mc Ala. 02, cb Hale 02, Red Level.
Waters, Hinton W., mc univ Alabama 13, State Board 13, Falco.
Wynn, Andrew Lee, mc univ Maryland 89, cb 03, Florala.
Young, Ferrin, mc Vanderbilt 09, State Board 09, Florala.
Total, 28.

PHYSICIANS NOT MEMBERS.

Phillips, J. P., mc Memphis Hosp. Marion, cb 98, Florala.

Moved into the county—T. C. Bozeman, from Dixie, Escambia county, to Gantt.

Moved out of the county—M. A. Kirkland, from River Falls to Samson, Geneva county.

Died—James R. Elum, Red Level, of tuberculosis.

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CRENSHAW COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President, F. M. T. Tankersley, Luverne; Vice-President, M. L. Morgan, Honoraville; Secretary, H. A. Donovan, Patsburg; Treasurer, H. A. Donovan, Patsburg; County Health Officer, M. L. Watkins, Glenwood. Censors—F. M. T. Tankersley, Chairman, Luverne; H. A. Donovan, Patsburg; J. R. Horn, Luverne; C. W. Sheppard, Honoraville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abercrombie, Henry S., mc non-graduate, State Board 98, Petrey.
Bell, Walter Houston, mc univ Nashville 06, cb 06, Searight.
Donovan, Harry Arthur, mc univ Louisville 07, cb 07, Patsburg.
Foster, James O, mc P. & S. Atlanta 06, cb Crenshaw 06, Luverne.
Gilchrist, Jas. G., mc univ Alabama 13, State Board 13, Brantley.
Horn, Richard Kersey, mc Georgia Eclectic 81, cb 84, Brantley.
Horn, Joseph Robert, mc Alabama 87, cb 87, Luverne.
Kendrick, James E., mc Alabama 69, cb 82, Luverne.
Morgan, Manly Lane, mc Birmingham 03, cb 03, Honoraville.
Sheppard, Chas. Webb, mc Atlanta Southern 91, cb Butler 91, Honoraville.
Tankersley, Felix M. T., mc univ Tenn. 85, Tulane 95, cb 85, Luverne.
Tranum, George Henry, mc univ Alabama 07, cb 07, Brantley.
Watkins, Martin Lucius, mc Vanderbilt 99, cb 99, Glenwood.
Total, 13.

PHYSICIANS NOT MEMBERS.

Ford, Julian C., mc P. & S. St. Louis 96, cb 96, Bradleyton.
Jones, Andrew Jackson, mc Kentucky School Med. 85, cb 85, Highland Home.
Jordan, Samuel E., mc Tulane 05, cb 05, Highland Home.
Kendrick, B. Marvin, mc Alabama 03, cb 04, Luverne.
May, Sam W., mc P. & S. Baltimore 82, cb 82, Brantley.
Merrill, Joseph Porter, mc Memphis Hosp. 02, cb 02, Dozier.
Moxley, Joseph Benjamin, mc Georgia Eclectic 99, cb 99, Brantley.
Pollard, Emmet Eugene, mc Alabama 16, State Board 16, Luverne.
Rogers, Wm. T., mc Alabama 00, cb Butler 01, Luverne.
Taylor, Thos. Walter, mc Atlanta 15, State Board 15, Dozier.
Total, 10.

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CULLMAN COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, G. Hartung, Cullman; Vice-President, L. Hays, Cullman; Secretary, J. C. Martin, Cullman; Treasurer, G. Hartung, Cullman; County Health Officer, R. H. Baird, Cullman; City Health Officers, R. H. Baird, Cullman; C. Hayes, Hanceville. Censors—G. Hartung, Chairman, Cullman; L. Hays, Cullman; C. E. Herrin, Cullman, J. D. Parker, Arkadelphia; J. C. Martin, Cullman.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Armstrong, Jesse Irom, mc Chattanooga 93, cb Blount 93, Cullman.

Baird, Robert Henry, mc Alabama 92, cb Blount 92, Cullman.

Brindley, Bethea Portis, mc Ga. Col. Eclectic M. & S. 92, cb 92, Cullman, R. F. D.

Cleere, Ruel C., mc Birmingham 09, State Board 09, Cullman, R. 8.

Cornelius, Luther Barnett, mc Birmingham 12, State Board 13, Vinemont, Route 1.

Cossey, William Thomas, mc Atlanta Southern 91, cb 96, Cullman.

Culpepper, Rufus Alva, mc Chicago M. & S. 14, State Board 15, Camp Travis, Texas.

Garrett, J. D., mc New Orleans, old law, State Board ...., Trimble.

Graf, Chas. Christopher, mc Birmingham 13, State Board 14, Hanceville.

Hartung, Gottlob, mc Wurzburg, Germany 78, cb 92, Cullman.

Hayes, Charles, mc Chattanooga 03, cb Morgan 03, Hanceville.

Hays, Luther, mc Chattanooga 00, cb 01, Cullman.

Herrin, Chas. Edward, mc Chattanooga 02, cb 02, Cullman, R. 1.

Humphries Robert D., mc Georgia Eclectic 92, cb 96, Vinemont, R. 3.

Johnson, William Perry, mc univ Louisville 16, State Board 16, Cranehill.

Lee, General Robert, mc Birmingham 06, cb 06, Arkadelphia.

Martin, Asa Price, mc Chattanooga 97, cb Morgan 97, Cullman.

Martin, James Cordie, mc Chattanooga 05, cb Morgan 05, Cullman.

May, Wm. Lucius, mc Memphis 97, State Board 97, Hanceville.

McAdory, Edward Dudley, mc Birmingham 14, State Board 15, Camp McClellan, Anniston.

Parker, James Doc., mc Memphis Hosp. 99, cb 01, Arkadelphia.

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Price, William Henry, mc univ Tennessee 90, cb Cleburne 98, Cullman.
Shores, Sterling S., Jr., mc Birmingham 13, State Board 14, Arkadelphia.
Sudduth, Toll H., mc Birmingham 15, State Board 15, Garden City.
Watts, Henderson E., mc Atlanta 02, cb 02, Hollypond.
Winn, John Thomas, mc univ Tennessee 93, cb 93, Baileyton.
Yielding, John, mc Chatanooga 94, cb 94, Hanceville.
Total, 27.

PHYSICIANS NOT MEMBERS.

Burnum, Francis B., ng., cb Cullman 86, Cullman.
Campbell, Virgil O., mc Birmingham 97, cb Chilton 97, Joppa.
Marsh, J. S., mc ...., cb ...., Joppa.
Roan, A. M., mc Chicago P. & S. 14, State Board 14, Baileyton.
Walling, J. H. Old Law, cb 86, Vinemont.
White, Chas. Peyton, mc Memphis Hosp. 09, State Board 13, Bremen, Route 1.
Total, 6.

Moved into the county—William Perry Johnson, from Winston county to Cranehill; J. S. Marsh, from Georgia to Joppa; Avery M. Roan, from Morgan county to Baileyton; S. S. Shores, from Jefferson county to Arkadelphia; V. O. Campbell, from Autauga county to Joppa.

DALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, J. H. Patton, Ariton; Vice-President, J. L. Reynolds, Ozark; Secretary, R. D. Reynolds, Ozark; Treasurer, R. D. Reynolds, Ozark; County Health Officer, J. L. Reynolds, Ozark; City Health Officers, E. B. Ard, Ozark; A. J. Morris, Newton; W. R. Smith, Pinckard; I. A. Black, Midland City. Censors—E. B. Ard, Chairman, Ozark; H. L. Holman, Ozark; I. A. Black, Midland City; A. J. Morris, Newton; R. D. Reynolds, Ozark.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ard, Erastus Byron, mc Vanderbilt 87, cb 87, Ozark.
Black, Irby Andrew, mc univ Alabama 10, State Board 11, Midland City.

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Grace, Malcom O., mc Vanderbilt 09, State Board 10, Ozark.
Holman, Henderson Looney, mc Memphis 98, cb Monroe 98, Ozark.
Matthews, Augustus Douglas, mc univ Ala. 11, State Board 13, Ariton.
Mixson, Daniel Porter, mc P. & S. Atlanta 02, cb Coffee 02, Ozark. R. F. D.
Mixson, William Daniel, mc Chattanooga 98, cb 98, Midland City.
Morris, Andrew Jackson, mc Atlanta Southern 87, Geneva 89, Newton.
Parrish, Wm. A., mc univ Nashville 09, State Board 10, Midland City.
Patton, John Hampton, mc univ Alabama 02, cb Pickens 02, Ariton.
Reynolds, Jno. Leonard, mc Alabama 07, cb Dale 07, Ozark.
Reynolds, Robert Davis, Jr., mc univ Alabama 05, cb 05, Ozark.
Total, 12.

PHYSICIANS NOT MEMBERS.

Cotter, William Arnice, mc univ Louisville 09, State Board 10, Ozark, R. F. D.
Espey, Curtis, mc univ of South 04, cb Henry 04, Midland City.
Scott, Walter, mc Atlanta 10, State Board 14, Ozark, Route 6.
Smith, Willie R., mc Memphis Hospital 06, State Board 08, Pinckard.
Stovall, H. C., mc Alanta 08, State Board 08, Clopton.
Weems, William M., mc Alabama 91, cb Henry 91, Clopton.
Windham, Lewis Anthony, mc Atlanta 16, State Board 16, Daleville.
Total, 7.

Moved out of the county—A. L. Townsend, from Daleville to Geneva county.

DALLAS COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, S. G. Gay, Selma; Vice-President, S. Kirkpatrick, Selma; Secretary, B. R. Rogan, Selma; Treasurer, J. S. Chisolm, Selma; County Health Officer, T. G. Howard, Selma; City Health Officer, B. B. Rogan, Selma. Censors—S. G. Gay, Chairman, Selma; S. Kirkpatrick, Selma; B. B. Rogan, Selma; W. W. Harper, Selma; F. G. DuBose, Selma.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allison, Samuel Blakemore, mc Louisville 91, Dallas 93, Minter, R. F. D.

Burns, Wm. Wilkes, mc Tulane 15, State Board 16, Selma.

Callaway, Eugene, mc univ Virginia 04, Bellevue 05, State Board 10, Selma.

Chapman, John Thomas, mc Alabama 86, cb Marengo 87, Selma.

Chisolm, James Satterfield, mc Tulane 05, cb 06, Selma.

Chisholm, Robert Patrick, mc univ Alabama 93, cb 93, Summerfield.

Doherty, Drayton H., mc Johns Hopkins 15, State Board 15, Selma.

Donald, Joseph Glen, mc Tulane 11, State Board 11, Marion Junction.

Donald, James Marion, mc Alabama 84, cb 84, Marion Junction.

DuBose, Francis Goodwin, mc Tulane 93, cb Talladega 93, Selma.

Edwards, Daniel B., mc Alabama 98, cb 98, Tyler, R. F. D.

Elebash, Clarence C., mc Tulane 09, State Board 11, Selma.

Eskew, Milner Hubbard, mc univ Virginia 17, State Board 17, Selma.

Feulner, Chas. Daniel, mc Kentucky School Med. 92, State Board 06, Tyler, R. F. D.

Furniss, John Neilson, mc univ Virginia 00, Bellevue 01, cb 03, Selma.

Gay, Samuel Gilbert, mc Alabama 87, cb 87, Selma.

Harper, William Wade, mc Tulane 91, cb 91, Selma.

Howard, Thomas Greenwood, mc univ Washington 68, cb Autauga 78, Selma.

Jones, Lee, mc univ Virginia 09, State Board 10, Selma.

Kenan, James, mc univ Virginia 97, cb 04, Selma.

Kendall, William Quinton, mc P. & S. Baltimore 80, cb 80, Berlin.

King, Goldsby, mc South Carolina 80, cb 80, Selma.

Kirkpatrick, Samuel, mc univ Vanderbilt 88, cb 88, Selma.

Lockhart, Thomas Earnest, mc Tulane 90, cb Perry 90, Selma.

Maas, Monroe A., mc Johns Hopkins 11, State Board 11, Selma.

Moss, Phillip Ball, mc Johns Hopkins 09, State Board 10, Selma.

Moore, Lawrence Henry, mc univ Alabama 01, cb 01, Orrville.

Pegues, Chas. Ives, mc Tulane 93, cb 96, Safford.

Phillips, William Crawford, mc Tulane 78, cb 78, Selma.

Ray, Thomas Jackson, mc Memphis Hospital 96, State Board 14, Selma.

Riggs, Samuel Watt, mc P. & S. Baltimore 93, State Board 93, Pleasant Hill.

Rogan, Barney Burns, mc Grant univ 96, cb 96, Selma.

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Skinner, Ira Clifton, mc Birmingham 01, cb 01, Selma.

Skinner, Marcus M., mc univ Alabama 12, State Board 12, Selma.

Stuart, Wm. W., mc Kentucky School Med. 94, cb Wilcox 94, Selma, Route 1.

Sutton, Robert Lee, mc Columbia 89, cb Lee 89, Orrville.

Walker, L. McCarlis, mc univ Alabama 11, State Board 11, Burnsville.

Wallace, Archibald D., mc Memphis Hosp. 07, cb Autauga 07, Plantersville.

Ward, Edward Burton, mc univ New York 82, Hale 82, Selma.

Total, 39.

PHYSICIANS NOT MEMBERS.

Bowen, Wm. Leonard, 10, State Board 11, Selma.

Burwell, Lincoln Laconia (col.), mc Leonard 89, State Board 89, Selma.

Gaston, Robert Bernard, mc Vanderbilt 12, State Board 16, Central Mills.

Harrell, William Somerville, mc Tulane 04, cb 04, Pleasant Hill.

Martin, Thomas Marion, mc Vanderbilt 99, cb Chilton 99, Plantersville.

Moorer, John Wesley (col.), mc Meharry 99, cb Clarke 99, Selma.

Moseley, Elijah Buckle, mc univ Louisiana 57, cb 78, Boguchitto.

Pickering, Alfred Burt, mc univ Alabama 11, State Board 11, Selma.

Pullen, Clarence Joseph ng., 1 course Miami M. C., State Board 05, Selma.

Smith, James Cephas, mc univ Alabama 05, Greene 05, Browns.

Strickland, Mack Wilton, mc univ Alabama 00, cb Lowndes 01, Minter, R. F. D.

Walker, Nathaniel D., mc Leonard 13, State Board 15, Selma.

Wilson, John W., mc Vanderbilt 03, cb 03, Orrville.

Total, 13.

Moved into the county—T. J. Ray, from Riderwood, Choctaw county, to Selma.

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DeKALB COUNTY MEDICAL SOCIETY—Greenville, 1895.

OFFICERS.

President, J. B. Phillips, Henegar; Vice-President, Claud D. Killian, Collbran, Route 1; Secretary, Wm. E. Quin, Fort Payne; Treasurer, Wm. E. Quin, Fort Payne; County Health Officer, W. S. Duff, Fort Payne; City Health Officer, C. W. Wright, Fort Payne. Censors—Olin May, Chairman, Fort Payne; M. T. Floyd, Valley Head; H. P. McWhorter, Collinsville; W. S. Duff, Fort Payne; T. H. Appleton, Collinsville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Appleton, Thomas Hayne, mc Chattanooga 92, cb 92, Collinsville.
Black, John Hugh, mc Georgia Eclectic 93, cb 93, Crossville, R. F. D.
Casey, Martin Luther, mc Grant univ 01, cb Marshall 01, Fyffe.
Clayton, Olney Walker, mc Chattanooga 07, cb 07, Sylvania.
Duff, William Sayers, mc Alabama 89, cb 90, Fort Payne.
Floyd, Milton Tucker, mc Montezuma univ 98, cb Lee 99, Valley Head.
Gaines, Jas. Thomas, mc Alabama 13, State Board 14, Crossville.
Hansard, William Simeon, mc Chattanooga 07, cb 07, Henegar, R. F. D.
Isbell, Arthur Levi, mc Birmingham 12, State Board 12, Crossville, R. F. D.
Johnson, Curtis, mc univ Tennessee 11, State Board 11, Sylvania.
Killian, Claude Dallas, mc Birmingham 13, State Board 14, Collbran, R. F. D.
May, Olin, mc Chattanooga 94, Marshall 99, Fort Payne.
McWhorter, Horace Puckett, mc Vanderbilt 81, cb 85, Collinsville.
Phillips, James Benager, mc univ Louisivlle 10, State Board 10, Henegar.
Quin, William Everett, mc Kentucky School Med. 81, cb 85, Fort Payne.
Warren, William Ernest, mc univ Alabama 05, cb 05, Fort Payne.
Weathington, Lee, mc univ Alabama 13, State Board 13, Crossville, Route 1.
Wilson, Dillmus Wesley, mc Chattanooga 00, cb Marshall 01, Fyffe.
Wright, Chas. Wesley, mc Alabama 93, cb 93, Fort Payne.
Wright, William Ira, mc Vanderbilt 90, cb 90, Dawson.
Total, 20.

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PHYSICIANS NOT MEMBERS.

Bogle, Joseph Hogue, mc Vanderbilt 00, cb 00, Collinsville.
Bush, George Volney, mc Atlanta Southern 90, cb Marshall 99, Portersville.
Clayton, Archie Leonard, mc Chattanooga 05, cb 05, Dawson, R. F. D.
Green, Philmer Bruce, mc Vanderbilt 75, cb 85, Fort Payne.
Green, Wm. M., mc Vanderbilt 77, cb 77, Fort Payne.
Hall, John Decard, mc Atlanta Southern 92, cb 97, Chavles.
Harrison, Joseph J., mc Vanderbilt 93, cb 93, Crossville, R. F. D.
Hicks, Wm. P., mc Birmingham 13, State Board 14, Crossville.
Parris, Briggs, univ Tennessee 13, State Board 14, Painter.
Smith, Samuel Parish, mc Kentucky School Med. 88, cb 89, Crossville.
Wheeler, Joseph Alexander, mc Birmingham 07, cb 07, Collinsville, Route 4.
Winston, John Nelson, mc Louisvile 66, cb 85 Valley Head.
Wyatt, J. J., mc non-graduate, cb 89, Crossville, Route 3.
Total, 12.

Moved out of the county—Horace Lamar McWhorter, to Fairfield; Manly Alford Davis, to Gadsden.

Died—Alexander Henry Bailey, March 19th, 1918.

ELMORE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, E. P. Moon, Wetumpka; Vice-President, J. W. Ray, Wetumpka; Secretary, J. M. Austin, Wetumpka; Treasurer, J. M. Austin, Wetumpka; County Health Officer, O. S. Justice, Wetumpka; City Health Officers, W. M. Gamble, Wetumpka; J. A. Howle, Eclectic; Jesse Gulledge, Tallassee. Censors—J. M. Austin, Chairman, Wetumpka; Jesse Gulledge, Tallassee; J. A. Howle, Eclectic; E. P. Moon, Wetumpka; W. M. Gamble, Wetumpka.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Austin, James Maxwell, mc univ Alabama 04, cb 04, Wetumpka.
Barnett, Clifford N. T., mc Alabama 05, cb Crenshaw 05, Deatsville.

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Boswell, Franklin A., mc univ Alabama 00, cb Pike 00, Elmore.
Clark, William A., mc Alabama 14, State Board 14, Pine Barren, Fla.
Coker, Robert Harold, mc Alabama 15, State Board 15, Tallassee.
Gamble, William Melvin, mc Louisville 87, cb Jefferson 87, Wetumpka.
Gullidge, Jesse, mc univ Alabama 00, cb 00, Tallassee.
Hanson, William Francis, mc Atlanta 81, cb Tallapoosa 11, Tallassee, R. F. D.
Harmon, James Samuel, mc Chattanooga 07, cb Elmore 07, Elmore.
Howle, James Augustus, mc Alabama 90, cb 90, Eclectic.
Huddleston, Robert Lee, mc univ Georgia 90, cb 90, Speigner.
Johnson, William Samuel, mc univ Tennessee 11, State Board 11, Tallassee.
Justice, Oscar Suttle, mc Alabama 85, cb 85, Central.
Lett, Edmond R., mc Louisville 05, cb 07, Tallassee.
Moon, Eddie P., mc Vanderbilt 98, cb 98, Wetumpka.
Owsley, W. M., mc Alabama 14, State Board 14, Wetumpka.
Penton, John Randolph, mc Atlanta 14, State Board 15, Central.
Powell, Oscie C., mc Chattanooga 02, cb 03, Titus, R. F. D.
Ray, James W., mc Tulane 11, State Board 09, Wetumpka.
Sewell, Jabez Wesley, mc Alabama 90, cb 90, Titus.
Warren, T. DeWitt, mc Atlanta 09, State Board 10, Tallassee.
Weldon, Jos. Marion, mc Alabama 13, State Board 13, Tallassee.
Total, 22.

HONORARY MEMBERS.

Beckett, William Francis, mc Atlanta 56, cb 94, Titus.
Cook, Conrad E., mc Tulane 73, State Board 95, Wetumpka.
Milner, Samuel R., mc Alabama 94, cb 97, Eclectic.
Nix, Inge Ringold, mc South Carolina 67, cb 84, Deatsville.
Total, 4.

PHYSICIANS NOT MEMBERS.

Lett, Harrison T., mc Louisville 76, cb 84, Eclectic, R. F. D.
Total, 1.

Moved into the county—W. S. Johnson, from Notasulga to Tallassee.

Moved out of the county—Virgil Dark, from Eclectic to Montgomery.

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ESCAMBIA COUNTY MEDICAL SOCIETY—Greenville, 1886.

OFFICERS.

President, R. A. Smith, Brewton; Vice-President, D. H. Findlay, Pollard; Secretary, M. H. Hagood, Brewton; Treasurer, M. H. Hagood, Brewton; County Health Officer, L. B. Farish, Brewton; City Health Officers, L. B. Farish, Brewton; N. L. Gachet, Pollard; F. L. Abernethy, Flomaton; J. P. McMurphy, Atmore. Censors—D. H. Finlay, Chairman, Pollard; L. B. Farish, Brewton; C. E. Sellers, McCullough, C. Hill, Canoe; A. P. Webb, Atmore.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abernathy, William Lordin, mc Alabama 94, cb Monroe 94, Flomaton.
Abernethy, Floyd Lamar, mc Alabama 16, State Board 16, Flomaton.
Chessher, John G., mc Grant univ 01, cb Covington 01, Falco.
Farish, Lawrence Buckner, mc Alabama 01, cb Monroe 01, Brewton.
Finlay, David Hume, mc Alabama 00, State Board 08, Pollard.
Gachet, Neece Lewis, mc univ Alabama 14, State Board 14, Pollard.
Hagood, Middleton Howard, mc Alabama 98, cb Lowndes 98, Brewton.
Hill, Clark, mc Alabama 11, State Board 11, Canoe.
Martin, John Elisha, ng, cb Bullock 79, Brewton, R. F. D. No. 3.
Mason, Francis Henry, mc Alabama 91, cb Monroe 91, Brewton.
McMurphy, James Patrick, mc univ Alabama 06, cb Monroe 06, Atmore.
Peavy, Julius Franklin, mc Alabama 88, cb Washington 88, Atmore.
Philipp, Nathan R., mc univ South 01, cb 02, Local.
Rose, Joseph Everett, mc Alabama 09, State Board 09, Brewton.
Salley, Geo. William, mc Memphis Hosp. 03, cb Butler 03, Atmore.
Sellers, Clarence E., mc Alabama 04, cb Chilton 04, McCullough.
Shaw, Rowell W., mc Memphis Hosp. 00, cb Washington 00, Foshee.
Smith, Russell Aubrey, mc Alabama 00, cb Monroe 00, Brewton.
Stallworth, James Patrick, mc P. & S. Atlanta 07, cb 07, Canoe.
Tippin, Phillip Henry Mulcahy, mc univ Alabama 94, cb 94, Brewton.
Webb, Alfred Peellar, mc Alabama 96, cb Washington 97, Atmore.
Total, 21.

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HONORARY MEMBER.

Smith, Price H., mc Alabama 94, cb Escambia 94, Dixonville.

PHYSICIANS NOT MEMBERS.

Smith, Price H., mc Alabama 94, cb Escambia 94, Brewton, R. 5.
Wiggins, Herbert (col.), mc univ Michigan 13, State Board 14, Brewton.
Total, 2.

Moved out of the county—Thos. C. Bozeman, from Dixie to Gantt, Covington county.

ETOWAH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, Ira C. Ballard, Gadsden; Vice-President, E. K. Hanby, Attalla; Secretary, M. P. Hughes, Gadsden; Treasurer, G. E. Silvey, Gadsden; County Health Officer, E. T. Camp, Gadsden; City Health Officers, C. L. Murphree, Gadsden; E. K. Hanby, Attalla; W. H. Acton, Alabama City; I. J. Samuels, Altoona. Censors—H. V. Baskin, Chairman, Murray Cross; W. H. Acton, Alabama City; J. M. Brown, Gadsden; E. S. Jones, Gadsden; J. P. Stewart, Attalla.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acton, William H., mc Vanderbilt 88, cb Jefferson 88, Alabama City.
Anderson, William, mc Memphis Hosp. 06, State Board 05, Glencoe.
Appleton, Hugh Lounze, mc Vanderbilt 92, cb Cherokee 92, Gadsden.
Baker, David H., mc Vanderbilt 82, cb Macon 83, Gadsden.
Ballard, Ira C., mc Chattanooga 00, cb Cherokee 00, Gadsden.
Bandy, Edwin C., mc Montezuma Med. Col. 98, cb Shelby 98, Alabama City.
Baskin, Herschell Virgil, mc Alabama 98, cb Cherokee 98, Murray Cross.
Bass, Herschel Winston, mc Johns Hopkins 06, State Board 06, Gadsden.
Brown, James M., mc Alabama 89, cb Montgomery 89, Gadsden.
Burns, Robt. A., mc Vanderbilt 01, cb Etowah 01, Alabama City.

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Camp, Erasmus T., mc Alabama 85, cb Cleburne 85, Gadsden.
Cantrell, Wilson Turner, mc Kentucky 06, cb Marion 06, Alabama City.
Davis, Manley Albert, mc Birmingham 11, State Board 11, Gadsden.
Faucett, DeWitt, mc P. & S. Baltimore 09, State Board 09, Gadsden.
Faucett, Geo. L., mc P. & S. Baltimore, cb 03, Gadsden.
Ford, William F., mc Vanderbilt 94, cb 95, Hokes Bluff.
Gilliland, Henry Forny, mc Louisville 90, cb 90, Attalla, R. F. D. 1.
Greet, Thos. Young, mc Tulane 07, State Board 16, Gadsden.
Guice, Charles Lee, mc Grant univ 93, cb Dale 93, Gadsden.
Hanby, Elmus K., mc Birmingham 02, cb St. Clair 02, Attalla.
Hughes, Miles Preston, mc Vanderbilt 06, State Board 05, Gadsden.
Hurst, James A., mc Alabama 90, cb 91, Walnut Grove.
Ison, Hartford L., mc Southern Atlanta 91, Tallapoosa 91, Gadsden.
Jones, Eli Spear, mc Alabama 83, cb Jefferson 83, Gadsden.
Landers, Franklin Pearce, mc Atlanta 82, cb 82, Gadsden.
Laurence, J. W., mc Vanderbilt 86, cb 86, Turkeytown (Gadsden, R. F. D.)
Leach, James E., mc univ Nashville 00, cb Blount 00, Gadsden.
Morgan, J. Orville, mc Atlanta Medical 16, State Board 17, Gadsden.
Murphree, Claud L., mc Birmingham 02, cb 02, Gadsden.
Nicholson, L. B., mc Vanderbilt 15, State Board 17, Gadsden.
Ralls, Arthur W., mc P. & S. Atlanta 02, cb 02, Gadsden.
Samuels, Ira J., mc univ Nashville 08, State Board 14, Altoona.
Savage, Henry J., mc Tulane 01, cb Conecuh 02, Gadsden.
Shahan, John, mc Tulane 15, cb Etowah 15, Gadsden.
Silvey, Gordon E., mc univ Tennessee 10, State Board 10, Gadsden.
Simms, Albert G., mc univ Nashville 05, Talladega 05, Attalla.
Stewart, John Pope, mc Alabama 85, cb 85, Attalla.
Stewart, Guy E., mc Alabama 04, cb 04, Attalla.
Total, 38.

PHYSICIANS NOT MEMBERS.

Coffey, George W. (col.), mc Howard 03, cb Lauderdale 06, Gadsden.
Dowdy, Edgar Lee, mc Nashville 77, cb 76, Keener.
Edwards, Wm. S., mc Kentucky 85, cb 85, Gadsden.
Gramling, Joseph W., mc univ Alabama 01, cb Franklin 01, Gadsden.
Hoffman, Joseph H., mc Jefferson Med. ...., cb ...., Gadsden.
Hudson, Franklin N., mc univ Nashville 74, Old Law, Gadsden.
McBroom, Felix G. (col.), mc Meharry 05, cb Walker 04, Gadsden.

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McConnell, Robert Franklin, mc Atlanta 81, cb St. Clair 81, Attalla.
McElroy, James Mahlon, mc univ South 01, cb Sumter 02, Attalla.
Patterson, Jno. J., mc Ga. Eclectic 76, cb ....., Boaz, R. F. D.
Plaine, Chas. L. (col.), mc Meharry 00, State Board 00, Gadsden.
Rowan, Walter Wm., mc Atlanta 15, State Board 15, Alabama City.
Slack, Jno. C, mc Louisville 80, cb 80, Hokes Bluff.
Williams, William C., mc Alabama 00, cb Mobile 00, Altoona.
Total, 14.

Moved into the county—Edwin C. Bandy, from Jefferson county; M. A. Davis, from DeKalb county; Joseph H. Hoffman, from Pennsylvania; James Mahlon McElroy, from Sumter county; J. O. Morgan, from Calhoun county; W. C. Williams, from Jefferson county; J. W. Gramling, from Franklin county to Gadsden.

Moved out of the county—J. W. Snow, to Helena, Shelby county; L. A. Kilpatrick, to Pickens county.

Died—J. H. Ellison, Altoona, September 26th, 1917, from chronic Bright's disease, aged 65 years; J. H. Wood, Attalla, in 1918; Chas. J. Slaughter.

FAYETTE COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, D. H. Wright, Berry; Vice-President, J. G. Smith, Bankston; Secretary, J. D. Young, Fayette; Treasurer, J. D. Young, Fayette; County Health Officer, O. E. Newton, Belk. Censors—T. M. Peters, Chairman, Fayette; J. F. Randolph, Fayette; J. D. Young, Fayette; J. H. Ashcraft, Fayette; O. E. Newton, Belk.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Ashcraft, J. Harvey, mc univ Alabama 05, cb Pickens 05, Fayette.
Ashcraft, Virgil Lee, univ Ala. 12, State Board 12, Kennedy, R. F. D. No. 2.
Blakeney, A. Lanthus, mc Grant univ 07, cb Lamar 07, Newtonville.
Branyon, James Alexander, mc Louisville 92, cb Lamar 92, Fayette.
Collins, William Oscar, mc Grant univ 02, cb Winston 03, Berry.
Hollis, Jonathan Shelton, mc Alabama 89, cb Lamar 89, Covin.
Long, William Walker, mc Chattanooga 03, cb Jefferson 03, Fayette.

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Newton, Olin Everett, mc Birmingham 11, State Board 11, Belk.
Peters, Thomas Marion, mc Alabama 90, cb Fayette 90, Fayette.
Randolph, John Franklin, mc Memphis Hosp. 98, cb 99, Fayette.
Smith, John Gardner, mc Alabama 89, cb Lamar 89, Bankston.
Wright, David H., mc Vanderbilt 08, State Board 08, Berry.
Young, James Dapsie, mc Memphis Hosp. 94, cb Lamar 94, Fayette.
Total, 13.

PHYSICIANS NOT MEMBERS.

Blackburn, Carl Belton, mc univ Nashville 03, cb 03, Fayette.
Harton, John Barkley, mc Memphis Hosp. 95, cb Lamar 95, Belk.
Hocut, Lucius Thornton, mc Atlanta 82, cb 82, Fayette, Route 4.
Olive, George W., mc Mobile 88, cb Tuscaloosa 83, Berry.
Roberts, John Monroe, mc Alabama 07, cb Lamar 07, Fayette, Rt. 2.
Total, 5.

Died—Joseph T. Weathers, of complication of diseases.

FRANKLIN COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Elijah M. Harris, Russellville, Route 5; Vice-President, Thomas J. Glasgow, Belgreen; Secretary, William W. White, Russellville; Treasurer, William W. White, Russellville; County Health Officer, W. A. Gresham, Russellville; City Health Officers, L. J. Graves, Russellville; James Copeland, Red Bay; James A. Thorn, Vina; O. O. Underwood, Phil Campbell; James C. Moore, Hodges. Censors—E. M. Harris, Chairman, Russellville; W. A. Gresham, W. J. Clark, Russellville; James Copeland, Red Bay; O. O. Underwood, Phil Campbell.

Note.—W. J. Clark is county health officer in place of W. A. Gresham, resigned to enter M. R. C.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Clark, Wm. J., mc Birmingham 95, cb 96, Russellville.
Cleere, Wm. Washington, mc univ Vanderbilt 82, cb 88, Russellville, R. F. D.

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Copeland, James, mc univ Tennessee 90, cb 94, Red Bay.
Farned, Abner, mc Memphis Hosp. 85, cb ....., Russellville, R. F. D.
Ford, Leonard Hugh, mc Chi. M. & S. 15, State Board 15, Phil Campbell.
Graves, Alonzo, mc Beaumont 99, cb Franklin 00, Russellville.
Graves, L. J., mc Birmingham 10, State Board 11, Russellville.
Glasgow, Thomas Jefferson, mc univ Alabama 10, State Board 10, Belgreen.
Gresham, Walter Asa, mc Vanderbilt 00, cb 00, Russellville.
Harris, Elijah McCulloch, mc Vanderbilt 87, cb 87, Russellville.
Hughes, William Porter, mc Kentucky School Med. 96, cb 97, Russellville.
Moore, Jas. C., mc univ Nashville 00, cb Blount 00, Hodges.
Nabers, Wm. N., mc ...., cb ...., Red Bay.
Sherman, Jno. R., mc Chattanooga 97, cb Marshall 96, Phil Campbell.
Thorn, James Aaron, mc univ Alabama 03, cb Franklin 03, Vina.
Underwood, Andrew Jackson, ng, cb 02, Spruce Pine.
Underwood, Floyd R., mc Birmingham 12, State Board 12, Belgreen.
Underwood, Nimrod Edgar, mc Chattanooga 00, cb 02, Belgreen.
Underwood, Nimrod T., mc Alabama 86, Russellville.
Underwood, Naoma Price, mc Chattanooga 06, cb 06, Phil Campbell.
Underwood, Oscar O., mc Chattanooga 04, cb 04, Phil Campbell.
Waldrep, Archie C., mc univ of Louisville 93, cb 93, Red Bay.
White, William Wyatt, ng, cb Marion 85, Russellville.
Total. 23.

PHYSICIANS NOT MEMBERS.

Howell, Jas. M., mc Memphis Hosp. 04, cb 04, Vina.

Moved out of the county—J. W. Grambling, from Leighton to Gadsden, Etowah county; Oscar Copeland, from Red Bay to Birmingham, Jefferson county.

Died—Thomas B. Barnes; Thomas M. Hughes.

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GENEVA COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, G. W. Williamson, Hartford; Vice-President, G. W. Smith, Slocomb; Secretary, M. E. Doughty, Slocomb; Treasurer, M. E. Doughty, Slocomb; County Health Officer, R. L. Justice, Geneva; City Health Officers, B. F. Bridges, Black; H. C. Riley, Coffee Springs; A. E. Vaughn, Geneva; C. B. Powell, Hartford; H. D. Smith, Malvern; W. F. Matheny, Samson; M. E. Doughty, Slocomb. Censors—A. E. Vaughn, Chairman, Geneva; J. H. Holley, Samson; B. J. Lewis, Samson; G. W. Williamson, Hartford; K. B. Williams, Hartford.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Beasley, James W., mc Alabama 96, cb Pike 96, Geneva.
Bedsole, James, mc Georgia Eclectic 06, cb 06, Hacoda.
Carter, J. P., ng., Old Law, Coffee Springs.
Chalker, Wm. Pounce, ng, 97, cb 97, Slocomb.
Chapman, Abner Richard, mc Vanderbilt 88, cb Coffee 88, Geneva.
Chapman, Charley Hick, mc Tulane 09, Stae Board 09, Geneva.
Dalton, Christopher C., mc Ga. Eclectic 90, cb 91, Slocomb.
Dismukes, Lewis Leon, mc univ Tennessee 99, cb Pike 99, Geneva.
Doughty, Mordecai Edward, mc Grant univ 03, cb Walker 03, Slocomb.
Eiland, William Andrew, mc Atlanta Southern 81, cb Pike 84, Samson.
Herring, George H., mc Georgia Eclectic 98, cb 04, Slocomb.
Holley, John H., mc Alabama 98, cb 98, Samson.
Jay, John D., non-graduate, cb Geneva 88, Pera.
Johnson, Ira Leonidas, mc Memphis Hospital 03, cb Pike 03, Samson.
Justice, Robert Lee, mc Alabama 94, cb Pike 94, Geneva.
Kirvin, Marion Augustus, mc univ Alabama 13, State Board 13, Samson.
Lewis, Benj. Jefferson, mc Alabama 99, cb Coffee 99, Samson.
Malone, Eugene Y., mc Alabama 92, cb Escambia 92, Samson.
Matheny, William F., mc Atlanta 95, cb Coffee 97, Samson.
Merriweather, Frank V., mc Atlanta 08, State Board 08, Samson, R. F. D.

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McGee, Moses A., mc Atlanta 98, cb Henry 06, Hartford, R. F. D.
Riley, Henry Clayton, mc Memphis Hosp. 03, cb Henry 03, Coffee Springs.
Powell, Charles B., mc Alabama 00, cb ..... 00, Hartford.
Rivenbark, Jackson J., mc Ga. Eclectic 97, cb 97, Samson.
Rivenbark, Oscar Lee, mc Georgia Eclectic 93, cb 00, Hartford.
Shute, Joseph Vinson, old law, cb 88, Hartford, R. F. D.
Smith, Gordon W., mc Louisville 92, cb 92, Slocomb.
Smith, Henry Damon, mc univ Alabama 12, State Board 13, Malvern.
Smith, William W., mc Chattanooga 00, cb 03, Coffee Springs.
Tankersley, Ernest, mc Louisville 07, cb Crenshaw 07, Samson.
Townsend, Alfred L., mc univ Nashville 99. cb Pike 99, Hartford.
Vaughan, Angus Edwin, mc Louisville 05, cb Geneva 05, Geneva.
Ward, Thomas J., Old Law, cb 88, Malvern.
Williams, Keller Bell, mc univ South, 07, State Board 08, Hartford.
Williamson, George W., mc Alabama 93, cb Crenshaw 93, Hartford.
Young, Frank Walker, mc univ Alabama 12, State Board 12, Hartford.
Total, 36.

PHYSICIANS NOT MEMBERS.

Ard, Jas. H., ng, Old Law, cb 88, Geneva.
Bridges, Barnard T., mc univ Alabama 09, State Board 09, Black.
Fleming, Oscar H., mc Atlanta 94, cb 03, Coffee Springs.
Fleming, John C., mc Alabama 91, cb 95, Hartford.
Stephens, Dudley D., mc Alabama 95, cb Lowndes 95, Slocomb.
Tidmore, Dodson Wright, mc univ South 99, cb Hale 99, Black.
Total, 6.

Moved into the county—Keller Bell Williams, from Cecil, Montgomery county, to Hartford; Albert Terry Townsend, from Daleville, Dale county, to Hartford; Marion Augustus Kirklin, from River Falls, Covington county, to Samson: D. D. Stephens, from Barbour county to Slocomb.

Moved out of the county—M. A. McGee to Daleville, Dale county, from Hartford; H. J. Sims, to .....; Joel C. Sellers, from Chancellor to Enterprise, Coffee county.

Died—J. V. Shute was killed by being run over with automobile by unknown parties.

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GREENE COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, A. P. Smith, Eutaw; Vice-President, M. L. Malloy, Eutaw; Secretary, M. B. Cameron, Eutaw; Treasurer, M. B. Cameron, Eutaw; County Health Officer, Geo. A. Moore, Eutaw; City Health Officer, T. M. Smith, Eutaw. Censors—M. B. Cameron, Chairman, Eutaw; S. G. Hamilton, Knoxville; W. H. Richardson, Lewiston; M. L. Malloy, Eutaw; A. P. Smith, Eutaw.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Cameron, Matthew Bunyan, mc Alabama 86, cb Sumter 86, Eutaw.
Hamilton, Samuel Greene, mc univ Alabama 02, cb Elmore 02, Knoxville.
Malloy, Martin Luther, mc Alabama 99, cb Lee 99, Eutaw.
Moore, George Amos, mc Alabama 90, cb Wilcox 90, Eutaw.
Richardson, Wm. H., mc Vanderbilt 11, State Board 12, Lewiston.
Smith, Armand Pfister, mc Kentucky School Med. 75, cb 75, Eutaw.
Smith, Thomas McGifford, mc Kentucky School Med. 07, cb 07, Eutaw.
Smith, Thomas W., mc Ky. School of Med. 94, cb 94, Union.
Trice, Daniel Hall, Louisville 03, cb Choctaw 03, Boligee.
Total, 9.

PHYSICIANS NOT MEMBERS.

Klie, Henry B., mc Tulane 00, cb Marengo 00, Forkland.
Legare, Julian Keith, mc univ New York 86, cb 87, Forkland.
Lucius, Richard S., mc P. & S. Atlanta 04, cb 04, Eutaw.
Starkey, Lake Louis, mc Birmingham 02, cb Jefferson 02, Eutaw.
Taylor, Samuel P., mc Memphis Hosp. 03, cb 03, Union.
Thetford, Samuel Lewis, mc univ Virginia 99, cb 03, Boligee.
Total, 6.

Moved out of the county—Howard A. Griffith, from Eutaw to Sheffield.

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HALE COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, J. P. Borden, Greensboro; Vice-President, C. K. Smith, Greensboro; Secretary, C. A. Poellnitz, Greensboro; Treasurer, C. A. Poellnitz, Greensboro; County Health Officer, C. A. Poellnitz, Greensboro; City Health Officers, C. K. Smith, Greensboro; R. J. Griffin, Moundville. Censors—C. A. Poellnitz, Chairman, Greensboro; C. K. Smith, Greensboro; R. J. Griffin, Moundville; J. P. Borden, Greensboro; T. P. Abernethy, Havana.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Abernathy, Thomas Pinney, mc Memphis Hospital 99, cb 99, Havana.
Borden, James Pennington, mc Southern univ 75, cb 78, Greensboro.
Carson, Shelby Chadwick, mc Tulane 90, cb 79, Greensboro.
Dominick, John Robert Franklin, mc Augusta 71, cb 85, Greensboro.
Elliott, Benjamin F., mc Alabama 12, State Board 12, Moundville.
Griffin, Rufus Jackson, mc Alabama 90, cb 90, Moundville.
Laurence, Cloud O., mc Mobile 17, State Board 17, Akron.
Poellnitz, Chas. A., mc Tulane 01, cb 01, Greensboro.
Smith, Clarence K., mc univ Alabama 09, State Board 09, Greensboro.
Staples, James Guin, mc univ Louisville 01, cb 01, Gallion.
Waites, Wm. Leslie, mc Birmingham 13, State Board 13, Akron.
Total, 11.

PHYSICIANS NOT MEMBERS.

Browder, Wm. M., mc Jefferson 88, cb 88, Gallion.
Davis, Andrew Russell, mc Sou. Atlanta 90, cb 90, Water Oak.
Gewin, Wm. Christopher, mc Louisville 78, cb 78, Akron.
Spencer, George M., Old Law, cb 78, Greensboro, R. F. D.
Wylie, Jas. W. (col.), mc Illinois, ng, 05, Greensboro.
Young, Henry T., mc univ of the South 99, cb 99, Greensboro.
Total, 6.

Moved into the county—C. O. Laurence (first location), to Akron.

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HENRY COUNTY MEDICAL SOCIETY—Montgomery, 1883.

OFFICERS.

President, W. C. Vickers, Abbeville; Vice-President, A. L. Whigham, Newville; Secretary, L. S. Nichols, Abbeville; Treasurer, L. S. Nichols, Abbeville; County Health Officer, W. A. Bird, Headland; City Health Officers, L. A. Coleman, Abbeville; A. L. Whigham, Newville; S. L. Burdeshaw, Headland; County Physician, T. J. Floyd, Abbeville. Censors—L. T. Hutto, Chairman, Newville; W. A. Bird, Headland; T. J. Floyd, Abbeville; L. R. Burdeshaw, Headland; L. A. Coleman, Abbeville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bird, Willis Alonzo, mc Chattanooga 95, cb 01, Headland.
Burdeshaw, Lee Roy, mc Chattanooga 99, cb 99, Headland.
Burdeshaw, Shelby L., mc univ Nashville 08, State Board 08, Headland.
Coleman, Levy Atticus, mc univ Alabama 12, State Board 13, Abbeville.
Floyd, Thomas J., mc Tulane 07, cb Houston 07, Abbeville.
Hutto, Littleton Thomas, mc univ Alabama 03, cb 03, Newville.
Nichols, Lucius Sherman, mc Alabama 97, cb 97, Abbeville.
Scott, Marcus, T. C. mc Birmingham 97, cb 97, Headland.
Scott, Marvin, mc Birmingham 05, cb 05, Headland.
Vann, James Robert, mc Alabama 99, cb 00, Abbeville, Route 1.
Vickers, William Chas., mc Tulane 08, State Board 08, Abbeville.
Whigham, Arthur Lee, univ Alabama 10, State Board 11, Newville.
Wood, Gordon L., mc univ Alabama 10, State Board 11, Haleburg.
Total, 13.

PHYSICIANS NOT MEMBERS.

Blacklidge, John Richard, mc Alabama 89, cb 91, Abbeville.
Long, James B., mc Louisville 82, cb 83, Abbeville.
McElwin, E. G., ng, Haleburg.
Steagall, Albert Sidney, mc Alabama 88, cb Dale 88, Abbeville.
Total, 4.

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HOUSTON COUNTY MEDICAL SOCIETY—Talladega, 1903.

OFFICERS.

President, W. C. Howell, Dothan; Vice-President, L. Hilson, Webb; Secretary, M. S. Davie, Dothan; Treasurer, C. W. Hilliard, Dothan; County Health Officer, F. S. Twitty, Columbia; City Health Officers, S. O. Carlisle, Dothan; J. F. Yarbrough, Columbia; E. M. Stokes, Ashford; L. Hilson, Webb; B. C. Chalker, Cottonwood. Censors—L. Hilson, Chairman, Webb; M. L. Cummings, Ashford; D. M. Hicks, Gordon; M. S. Davie, Dothan; J. T. Fowler, Dothan.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Andress, David G., mc Chattanooga 04, cb Cullman 04, Madrid.
Atkeson, Clarence L. C., mc P. & S. Baltimore 84, cb Lee 86, Columbia.
Bates, Irby Clyde, mc univ Alabama 11, State Board 11, Taylor.
Barnett, Thomas M., mc Vanderbilt 99, cb Chilton 9, Dothan.
Belcher, William R., mc Atlanta 89, cb Dale 91, Dothan.
Box, Chester C., mc Tulane 09, State Board 10, Ashford.
Burkett, Wyatt Thomas, mc Tulane 09, State Board 17, Pansey.
Carlisle, Samuel Oscar, mc Vanderbilt 94, cb Pike 94, Dothan.
Chalker, Benjamin C., mc Georgia Eclectic 97, cb Geneva 97, Cottonwood.
Chaudron, Percy O., mc univ Alabama 11, State Board 11, Dothan.
Cummins, Manley L., mc univ Alabama 06, cb Pickens 06, Ashford.
Davie, Mercer Stillwell, mc Tulane 99, cb Bibb 99, Dothan.
Ellis, James Lewis, mc Memphis Hosp. 86, cb Dale 86, Dothan.
Ellis, John Thomas, mc Emory 16, State Board 17, Dothan.
Flowers, James H., mc univ Baylor 05, cb 06, Newton, R. F. D.
Fowler, James Thos., mc South Carolina 83, cb Henry 83, Newton, R. F. D.
Frasier, Alfred Smith, mc Vanderbilt 06, cb Elmore 06, Dothan.
Granger, Frank G., mc P. & S. Atlanta 12, State Board 12, Cottonwood.
Green, Henry, mc Alabama 92, cb Conecuh 92, Dothan.
Hammond, George Abner, mc Baltimore 84, cb Henry 84, Dothan.
Hicks, Dorman Marvin, mc univ Louisville 06, cb Pike 06, Gordon.
Hilliard, Chas. Wesley, mc Alabama 95, cb Pike 95, Dothan.

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Hilson, Lewis, mc P. & S. Atlanta 09, State Board 09, Webb.
Holland, Sterling Price, mc Tulane 08, State Board 06, Columbia.
Hopkins, Percy Isaiah, mc Vanderbilt 99, cb Bibb 99, Dothan.
Howell, William Crawford, mc P. & S. Atlanta 08, State Board 07, Dothan.
Middlebrooks, Wm. T., mc Alabama 86, cb Barbour 86, Dothan.
Moody, Earle F., mc Tulane 03, State Board 03, Dothan.
Mooty, Ross Heflin, mc univ Alabama 11, State Board, 11, Columbia.
Page, Woodfin Grady, mc Vanderbilt 15, State Board 15, Dothan.
Pate, Walter Eugene, mc Atlanta 93, cb 93, Ashford.
Ryals, Wm. Mann, mc Atlanta 87, cb Henry 95, Ashford.
Sandlin, E. G., mc Vanderbilt 07, State Board 06, Pansey.
Smisson, Henry J., mc South Carolina 60, cb Dale 86, Dothan.
Stokes, Ewell M., mc Atlanta 14. State Board 14. Ashford.
Stokes, J. Eldridge, mc Georgia Eclectic 92. cb Henry 97, Ashford.
Stough, Marvin S., mc P. & S. Atlanta 99, State Board 99, Dothan.
Stovall, John Henry, mc Atlanta 59, cb Henry 89, Columbia.
Twitty, Frank S., mc Baltimore 93, cb Henry 94, Columbia.
Vaughn, David Horatio, mc Atlanta 88, cb Henry 89, Gordon.
Williams, Wm. Henry, mc Memphis Hosp. 91, cb Henry 91, Dothan.
Yarbrough, John Fletcher, mc Atlanta 92, cb Henry 92, Columbia.
Total, 42.

Moved into the county—J. T. Ellis, first location; E. M. Stokes, from Jakin, Ga.; W. T. Burkett, from Tampa, Fla.; William R. Belcher, from Barbour county.

Moved out of the county—Thos. F. Taylor, to Tuskegee.

Died—R. L. Grimes (col.)

JACKSON COUNTY MEDICAL SOCIETY—Mobile, 1882.

OFFICERS.

President—G. W. Foster, Stevenson; Vice-President, W. C. Maples, Scottsboro; Secretary, Edward Boyd, Scottsboro; Treasurer, Edward Boyd, Scottsboro; County Health Officer, W. C. Maples, Scottsboro; City Health Officers, W. C. Maples, Scottsboro; J. W. Boggess, Bridgeport; Wm. M. Bogart, Stevenson; G. B. Tate, Fackler; M. M. Duncan, Paint Rock. Censors—W. C. Maples, Chairman, Scottsboro; Edward Boyd, Scottsboro; J. L. Prince, Stevenson; J. W. Boggess, Bridgeport; A. N. Blakemore, Scottsboro.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blakemore, Andrew Newton, mc univ Tennessee 80, cb 82, Scottsboro.
Bogart, Wm. M., mc Vanderbilt 00, cb 00, Stevenson.
Boggess, John W., mc Vanderbilt 92, cb Marshall 93, Bridgeport.
Boyd, Edward, mc Memphis Hosp. 02, cb 02, Scottsboro.
Boyd, Hugh, mc Memphis Hosp. 99, cb 99, Scottsboro.
Bridges, Robert Russell, mc Vanderbilt 13, State Board 14, Scottsboro.
Duncan, Maurice M., mc Alabama 14, State Board 14, Paint Rock.
Gardner, Frank H., mc Baltimore 91, cb Dallas 91, Flat Rock.
Gentry, Jas. A., mc univ Alabama 05, State Board 05, Stevenson.
Hartung, Carl F., Jr., mc Grant univ 06, cb Cullman 06, Bridgeport.
Hodges, Rayford, mc Alabama 15, State Board 15, Woodville.
Maples, Wm. Caswell, mc univ Tennessee 81, cb Madison 81, Scottsboro.
Mason, Chas. D., mc Alabama 14, State Board 14, Scottsboro.
Nye, George Earl, mc Grant 06, cb Marshall 06, Hollywood.
Prince, Jesse Lee, mc univ Alabama 99, cb 99, Stevenson.
Robinson, Wm. Henry, mc univ Alabama 08, State Board 08, Princeton.
Rosser, Walter W., mc Vanderbilt 98, cb 99, Bass Station.
Sentell, J. H., mc univ Tenn. 04, cb 06, Swaim.
Smith, Eugene Robinett, mc univ Nashville 67, cb 89, Section.
Vandiver, Horace Greely, mc Vanderbilt 15, State Board 15, Trenton.
Total, 20.

PHYSICIANS NOT MEMBERS.

Burnham, Sidney J., mc Alabama 87, cb St. Clair 87, Langston.
Gattis, Henry Franklin, ng, cb 82, Aspel.
McClendon, Wm. LaFayette, mc Alabama 94, cb 94, Hollywood.
McCord, Jno. Harvey, ng, cb 82, Scottsboro.
McGahey, Joseph Jefferson, ng, cb Marshall 86, Woodville.
Puckett, Robert H., mc Birmingham 07, cb St. Clair 07, Section.
Sanders, Walter C., mc Memphis Hosp. 90, Madison 91, Stevenson.
Tate, George Berry, mc univ Tennessee 94, cb Marshall 95, Tate.
Total, 8.

Moved into the county—F. H. Gardner, from New Mexico to Flat Rock.

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Moved out of the county—Albert S. Zimmerman, from Larkinsville to Florence.

Died—G. W. Foster, Stevenson, from tuberculosis of the lungs.

JEFFERSON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, W. Groce Harrison, Birmingham; Vice-President, Robert E. Hogan, Ensley; Secretary, Gaston W. Rogers, Birmingham; Treasurer, Gaston W. Rogers, Birmingham; County Health Officer, J. D. Dowling, Birmingham; City Health Officer, J. M. Lowery, Birmingham. Censors—H. S. Ward, Chairman, Birmingham; E. M. Mason, Birmingham; C. M. Nice, Birmingham; W. P. McAdory, Birmingham; D. F. Talley, Birmingham.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Anthony, J. C., mc Birmingham 09, State Board 09, Birmingham.

Ashworth, Robert F., mc Louisville Hospital 03, State Board 03, Birmingham. (Army.)

Atwood, Abner Lowe, mc univ Nashville 07, cb Franklin 07, Birmingham.

Bagley, James A., mc Birmingham 03, State Board 03, Birmingham.

Bandy, Edwin C., mc Montezuma 98, cb Shelby 98, Birmingham.

Barclay, John Wyeth, mc Jefferson 70, cb Madison 78, Birmingham.

Bean, J. Robbins, mc univ Pennsylvania 11, State Board 17, Birmingham.

Beck, Wm. R. K., mc Birmingham 14, State Board 14, Birmingham.

Beddow, William Henry, mc Tulane 15, State Board 15, Birmingham.

Bell, Walter H., mc Atlanta 88, cb Calhoun 88, Brookside.

Benedict, Samuel R., mc univ Col. of Med. Richmond 08, State Board 13, Birmingham.

Berry, Wm. Thompson, mc Vanderbilt 99, cb 99, Birmingham.

Black, John W., mc Birmingham 09, State Board 10, Ensley.

Blackwell, James Hubert, mc Birmingham 06, cb Bibb 06, North Birmingham.

Blair, Frank F., mc Tulane 05, State Board 04, Flat Top.

Blue, James Howard, mc univ Alabama 13, State Board 13, Bessemer.

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Board, Oliver Paxton, mc Louisville 03, cb Hale 03, Birmingham.

Bobo, Arlington Henry, mc Birmingham 11, State Board 11, Irondale.

Boxer, Henry, mc Louisvile 10, State Board 10, Birmingham.

Brown, George Washington, mc Atlanta 77, cb 78, Pratt City, Birmingham.

Brownlee, Leslie George, mc univ Oklahoma 12, State Board 16, Birmingham.

Burnum, Henry Clay, mc P. & S. Baltimore 92, cb Blount 92, Trussville.

Burns, Wm. Arthur, mc Memphis 91, cb Lamar 91, Birmingham.

Caffee, Sam'l Richmond, mc Missouri Med. 81, cb Tuscaloosa 81, Avondale.

Callen, Wm. Russell, mc Tulane 03, cb 03, Birmingham.

Callaway, John T., mc Birmingham 11, State Board 11, Birmingham.

Cameron, Andrew Crozier, mc univ Penn. 04, cb 04, Birmingham.

Carmichael, Wm. M, mc univ Nashville, ng, State Board 07, Fairfield.

Carmichael, Josiah N., mc Birmingham 13, State Board 13, Fairfield, Birmingham.

Carroway, Chas. Newton, mc Birmingham 02, cb 02, Pratt City.

Casey, Edgeworth Stephens, mc Birmingham 00, cb 00, Birmingham.

Chamblee, Zachariah Britton, mc Birmingham 00, cb 00, North Birmingham.

Cheatham, Thos. Alfred, mc Jefferson 09, State Board 10, Lewisburg.

Clements, Merit D., mc Tulane 12, State Board 12, Ensley.

Cloud, Robert Emmett, mc Tulane 10, State Board 09, Ensley.

Clark, Nathaniel Guido, mc Birmingham 98, cb 98, Ensley.

Cocke, Norborne Page, mc univ Virginia 00, cb 04, Birmingham

Cocke, Paul Lee, mc univ Virginia 99, cb 03, Birmingham.

Coleman, Grover C, mc univ Alabama 11, State Board 12, Ishkooda Mines, Birmingham.

Collier, J. [illegible] Louisville 91, cb Cullman, 91, Woodlawn, Birmingham.

Collins, Thomas A., mc Birmingham 12, State Board 13, Woodlawn.

Comer, Robt. T., mc Johns Hopkins 01, cb Bullock 01, Birmingham.

Compton, Felix Henry, mc Vanderbilt 80, cb Madison 87, Bessemer

Compton, Wheeler Wilkinson, mc Vanderbilt 03, cb 03, Bessemer.

Constantine, Kosciusko Walker, mc Johns Hopkins 05, cb 05, Birmingham.

Conwell, Hugh Earl, mc Birmingham 15, State Board 15, Bessemer, Route 2.

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Cooper, Julius Burson, mc Grant univ 04, cb Cullman 04, Birmingham.

Copeland, Miles A., mc Birmingham 03, cb 03, Birmingham.

Coston, Hamilton Ralls, mc Vanderbilt 89, cb 01, Birmingham.

Coulbourn, Joseph Thos., mc univ Maryland 86, State Board 86, Birmingham.

Cowan, Alvin E., mc Birmingham 12, State Board 12, Ensley, Birmingham.

Crelly, Harry C., mc Alabama 02, cb Washington 02, Birmingham

Cunningham, Russell McWhorter, mc Bellview 79, cb 82, Birmingham.

Dabney, Marye Y., mc Johns Hopkins 12, State Board 12, Birmingham.

Dabney, Wm. Cecil, mc univ Virginia 09, State Board 10, Birmingham.

Daly, Edgar Wm., mc Tulane 08, State Board 10, Birmingham.

Davis, John Daniel Sinkler, mc Georgia 79, cb St. Clair 79, Birmingham.

Davidson, Marion Tabb, mc univ Cincinnati 11, State Board 12, Wylam.

Dawson, Jas. Robertson, mc Vanderbilt 03, cb 03, Birmingham.

Denson, Fred Hammond, mc Birmingham 12, State Board 13, Bessemer, R. F. D. No. 2.

Dickson, John D., mc Western Reserve 13, State Board 15, Birmingham.

Donald, Thomas C., mc Alabama univ 97, cb Butler 97, Bessemer.

Donald, Dan Caldwell, mc Tulane 09, State Board 11, Birmingham.

Donahoo, John Henry, mc Memphis Hosp. 99, cb Pickens 05, Birmingham.

Donnelly, Chas. Augustus, mc Ohio 08, State Board 10, Birmingham.

Dowling, Judson Davie, mc Birmingham 11, State Board 11, Birmingham.

Douglass, John, mc Birmingham 00, cb Lauderdale 01, Birmingham.

Douglass, Albert Gallatin, mc Vanderbilt 81, cb 81, Birmingham.

Drake, Chas. Hunter, mc Tulane 06, cb 06, Birmingham.

Drennen, Wesley Earle, mc P. & S. New York 06, State Board 05, Birmingham.

Duncan, Joseph Johnston, mc Louisville 86, State Board 86, Birmingham.

Edmonson, John H., mc Tulane 04, cb 04, Birmingham.

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Edwards, Jesse E. H., mc univ Nashville 08, State Board 12, Mulga.

Farrar, Wm. Chas., mc Birmingham 98, Sate Board 98, Woodlawn, Birmingham.

Ferrell, Jas. Henry, mc Birmingham 01, cb Calhoun 01, Woodlawn, Birmingham.

Fields, Elbert T., mc Bellevue 99, cb 99, Ensley.

Fonville, Wm. Drakeford, mc Tulane 05, cb Wilcox 05, Ensley, Birmingham.

Fox, Bertram Arthur, mc Birmingham 96, cb 96, Birmingham.

Fox, Carl Alexander, mc Tulane 00, cb 00, Birmingham.

Ferguson, Burr, mc P. & S. New York 96, State Board 13, Fairfield, Birmingham.

Garber, James R., mc Jefferson 13, State Board 13, Birmingham.

Garrison, John Earl, mc Birmingham 04, cb Walker 04, Birmingham.

Gaston, Andrew L., mc univ Alabama 10, State Board 10, Ensley, Birmingham.

Gewin, Wm. Christopher, mc univ Maryland 00, cb Lowndes 02, Birmingham.

Glasgow, Marvin Whitfield, mc Vanderbilt 01, cb Shelby 01, Ensley, Birmingham.

Glassgow, Roberts, mc univ South 00, cb Shelby 00, Adamsville.

Glass, Edward Taylor, mc Vanderbilt 90, cb 90, Birmingham.

Gnasso, Enrico R., mc Birmingham 13, State Board 13, Ensley, Birmingham.

Godwin, Wm. Henry, mc univ Alabama 09, State Board 09, Republic.

Grace, Frank G., mc N. W. univ 02, State Board 03, Birmingham.

Gray, Edward W., mc Birmingham 09, State Board 10, Ensley.

Green, Anderson C., mc Birmingham 14, State Board 14, Birmingham.

Green, Elbert Paul, mc Birmingham 11, State Board 12, Republic.

Gresham, Andrew Belton, mc Birmingham 01, cb Winston 01, Watson.

Hamrick, Robert Hampton, mc Atlanta 95, cb Blount 96, Birmingham.

Hanna, Henry P., mc Birmingham 12, State Board 13, Birmingham.

Hardy, Walter B., mc Tulane 12, State Board 12, Birmingham.

Harris, Arthur Buckner, mc univ Virginia 02, cb 03, Birmingham.

Harris, Carl Aticus, mc Alabama 10, State Board 11, Bessemer.

Harris, Charlton S., mc Birmingham 14, State Board 14, Birmingham.

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Harris, Farley W., mc Birmingham 09, State Board 10, Birmingham.

Harris, Herbert A., mc Birmingham 14, State Board 14, Ensley.

Harris, Seale, mc univ Virginia 94, State Board 94, Birmingham.

Harrison, Wm. Groce, mc univ Maryland 92, cb Talladega 92, Birmingham.

Heacock, Joseph Davis, mc Tulane 92, cb 92, Birmingham.

Head, Walter C., mc Birmingham 01, cb Bibb 01, Johns.

Heath, Merritt J., mc Birmingham Medical 13, State Board 13, Ensley

Heflin, Howell Towles, mc univ Maryland 93, cb Clay 94, Birmingham.

Heflin, Wyatt, mc Jefferson 84, cb Randolph 85, Birmingham.

Hogan, Edgar Poe, mc Birmingham 09, State Board 08, Birmingham.

Hogan, Geo. Archibald, mc Birmingham 96, cb 96, Birmingham.

Hogan, John Frank, mc Birmingham 03, cb 03, Birmingham.

Hogan, Robert Elias. mc Birmingham 01, cb Bibb 01, Ensley.

Hubbard, Lex Walter, mc Jefferson 11, State Board 14, Birmingham, R. F. D. 6, Box 63.

Jackson, Leonidas Fenton, mc Birmingham 01, cb Fayette 01, Blossburg.

Jackson, Rufus, mc univ Louisville 08, State Board 14, Birmingham.

Jenkins, Luckey Andrew, mc Alabama 89, cb Wilcox 89, North Birmingham.

Johnson, Roy Ernest, mc Vanderbilt 09, State Board 09, Ensley.

Johnston, Noah A., mc univ Nashville 07, State Board 07, Bessemer, Route 2.

Johnston, Hardee, mc univ Virginia 95, cb 96, Birmingham.

Jones, Capers Capeart, mc univ M. & S. Philadelphia 70, cb Wilcox 79, East Lake, Birmingham.

Jordan, Wm. Mudd, mc P. & S. New York 95, cb 95, Birmingham.

Jordan, Mortimer Harvie, mc Tulane 07, cb 07, Birmingham.

Kent, John Thomas, mc Alabama 95, cb Coosa 95, Birmingham.

Kinkead, Kyle Johnston, mc Tulane 15, State Board 17, Birmingham.

Kirsch, Maxwell, mc Tulane 12, State Board 12, Birmingham.

Knowlton, James Wiley, mc Vanderbilt 83, cb Jackson 83, Birmingham.

Kyser, Philip M., mc Vanderbilt 10, State Board 09, Birmingham.

Lacey, Edward Parish, mc Vanderbilt 83, cb Shelby 83, Bessemer.

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Ledbetter, Samuel Leonidas, mc Louisville 79, cb 79, Birmingham.

Ledbetter, Samuel L., Jr., mc Johns Hopkins 10, State Board 10, Birmingham.

Leland, Joseph, mc Tulane 04, cb Tuscaloosa 04, Birmingham.

Lewis, Thos. Knight, mc Vanderbilt 12, State Board 13, West End, Birmingham.

Lester, Belford S., mc Vanderbilt 07, State Board 08, Birmingham.

Levy, Harry, mc P. & S. New York 05, cb 05, Birmingham.

Little, Edwin Gray, mc Birmingham 05, State Board 05, Sayre.

Lotterhos, George, mc univ Pennsylvania 10, State Board 13, Birmingham.

Love, John T., mc Alabama 00, cb Morgan 00, Pinson.

Love, Wm. Jones, mc Alabama 93, cb Morgan 93, Birmingham.

Lovelady, Robt. G., mc Birmingham 14, State Board 15, Ensley.

Lowrey, John McPherson, P. & S., Baltimore 97, cb 02, Birmingham.

Lull, Cabot, mc univ Michigan 99, cb Elmore 01, Birmingham.

Lupton, Frank Allemang, mc Johns Hopkins 99, cb 00, Birmingham.

McAdory, Wellington Prude, mc univ Virginia 97, cb 99, Birmingham.

McDonald, Frederick Wm., mc Birmingham 05, cb Tuscaloosa 06, Wylam.

McDonald, Chas. W., mc univ Nashville 04, State Board 04, Woodward.

McGahey, Robt. Goodloe, mc Birmingham 12, State Board 12, West End, Birmingham.

McGehee, Henry T., mc Alabama 04, cb Tuscaloosa 04, Oxmoor.

McKinnon, Hector A., mc Birmingham 10, State Board 10, Birmingham.

McLean, Claude Cooper, mc Vanderbilt 08, State Board 08, Birmingham.

McLester, Jas. Somerville, mc univ Virginia 99, cb 02, Birmingham.

McQueen, Jos. Pickens, mc Tulane 11, State Board 12, Maben.

McQuiddy, Robt. Clayton, mc Birmingham 12, State Board 13, Birmingham.

Mann, Sidney Henry, mc Birmingham 01, cb Elmore 01, Ensley, Birmingham.

Magruder, Thos. V., mc Tulane 10, State Board 11, Birmingham.

Martin, Hezekiah Levin, mc Vanderbilt 81, cb Madison 81, Avondale.

Martin, Wade A., mc Birmingham 08, State Board 10, Birmingham.

Mason, E. Marvin, mc Johns Hopkins 06, State Board 07, Birmingham.

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Mason, James Monroe, mc Tulane 99, cb 99, Birmingham.
May, Eugene Elmore, mc univ Nashville 00, cb Lauderdale 01, Birmingham
Meadows, Jarvis A., mc Alabama 12, State Board 12, Birmingham.
Meeks, Alfred A., mc Birmingham 14, State Board 15, Dolomite.
Meyer, Jerome, mc Johns Hopkins 14, State Board 17, Birmingham.
Michlin, Irwin, mc Birmingham 15, State Board 15, Birmingham.
Miller, James A., mc Chi. M. & S. 13, State Board 13, Edgewater.
Mitchell, Henry Eugene, mc univ Tennessee 93, cb Blount 93, Birmingham.
Mitchell, John Ira, mc Birmingham 12, State Board 13, Leeds.
Moon, John Weldon, mc univ Nashville 05, cb Limestone 05, Birmingham.
Moore, Chalmers, mc Johns Hopkins 13, State Board 14, Birmingham.
Moore, David S., Jr., mc Birmingham 08, cb 08, Birmingham.
Moore, John Alston, mc P & S. Baltimore 85, cb Blount 85, Birmingham.
Moore, Joseph G., mc Birmingham 11, State Board 12, Birmingham.
Morland, Marvin Erastus, mc univ Kentucky 03, cb Hale 03, North Birmingham.
Morris, Lewis Coleman, mc univ Virginia 92, cb 93, Birmingham.
Murphy, Grover E., mc Birmingham 11, State Board 11, Birmingham.
Nabers, Frank Edmondson, mc univ Virginia 03, cb 03, Birmingham.
Nabers, Sam'l F., mc Tulane 09, State Board 08, Birmingham.
Nash, Sam F., mc Birmingham 08, State Board 08, Bessemer.
Nelson, Robert, mc Birmingham 05, cb 05, Birmingham.
Nice, Chas. McKinney, mc univ Pennsylvania 04, cb 05, Birmingham.
Noland, Lloyd, mc Baltimore Med. 03, U. S. Service 13, Birmingham.
Nolan, Michael M., mc Jefferson 12, State Board 13, Birmingham.
Norton, James S., mc Vanderbilt 08, State Board 08, Sayreton.
O'Connell, Edward mc Bellvue 07, State Board 09, Birmingham.
O'Connell, George Albert, mc Tulane 06, State Board 07, Birmingham. (Army.)
Orton, Allen E., mc Atlanta Medical 08, State Board 08, Pratt City.
Parke, Thos. Duke, mc univ New York 79, cb Dallas 84, Birmingham.
Payne, Brack Coleman, mc Alabama 16, State Board 16, New Castle.
Payne, Edmund C., mc univ Virginia 11, State Board 11, New Castle.
Payne, Frank M., mc univ Virginia 11, State Board 11, New Castle.
Peebles, Robert Emory, mc Tulane 08, State Board 08, Birmingham.
Peters, Urban Joseph Whitehead, mc univ Pennsylvania 98, cb 00, Birmingham.

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Powell, H. B., mc Alabama 10, State Board 10, Bessemer.

Powers, Thos., mc Louisville 03, cb Hale 03, Coalburg.

Prescot, Wm. Ernest, mc Birmingham 00, cb Chilton 00, East Lake, Birmingham.

Prince, Edmond Mortimer, mc Alabama 01, cb Bibb 01, Birmingham.

Ragsdale, M. Clay, Jr., mc univ Nashville 05, State Board 06, Bessemer.

Reeves, Philip Ulmer, mc univ Georgia 01, cb Walker 02, North Birmingham.

Reid, Albert Martin, mc univ of Nashville 01, State Board 07, Birmingham.

Riggs, Edward Powell, mc P. & S. Baltimore 81, cb Dallas 81, Birmingham.

Rittenberry, Crockett Campbell, mc Birmingham, ng, cb 01, Birmingham.

Robbins, Jesse Elbert, mc Atlanta 86, cb 86, Littleton.

Robbins, Wm. J., mc P. & S. Atlanta 12, State Board 13, Docena.

Robinson, Annie M., mc Woman's Med. of Pennsylvania 05, cb 07, Birmingham.

Robinson, Elisha Miller, mc Vanderbilt 85, cb Blount 86, Birmingham.

Robinson, Thos. Franklin, mc univ Nashville 80, cb Blount 80, Bessemer.

Rogers, Mack, mc Alabama 89, cb Conecuh 89, Birmingham.

Rogers, Gaston Wilder, mc Birmingham 11, State Board 11, Birmingham.

Rosamond, Ethbert Cole, mc Louisville 92, cb Walker 93, N. Birmingham.

Rosser, Henry Noller, mc Atlanta 69, cb Dallas 79, Birmingham.

Roundtree, Walter Scott, mc Birmingham 00, cb Morgan 00, Wylam.

Rucker, Edmund W., Jr., mc Denver 04, State Board 08, Birmingham.

Rudulph, Chas. Murray, mc Alabama 00, cb Lowndes 00, Birmingham.

Rush, Richard Cox., mc univ Alabama 15, State Board 15, Bessemer. (Army.)

Schoolar, Milton Carson, mc Alabama 87, cb Bibb 87, West End.

Scott, E. Laurence, mc univ Maryland 06, cb 07, Birmingham.

Scott, Walter F., mc univ Virginia 04, cb 07, Birmingham.

Scott, Edgar Marvin, mc Alabama 01, cb Walker 01, Avondale, Birmingham.

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Seay, James Elias, mc Bellvue 99, cb Lamar 99, Birmingham.

Seay, Samuel Cleveland, mc Jefferson 08, State Board 08, Pratt City, Birmingham.

Sellers, Henry Graham, mc Vanderbilt 00, cb Morgan 00, West End, Birmingham.

Sellers, Edwin Moran, mc univ Alabama 97, cb Bibb 97, Birmingham.

Sellers, Ira Jackson, mc Vanderbilt 97, cb 97, Birmingham.

Shackelford, C. W., mc Tulane 11, State Board 11, Beltina.

Sholl, Edward Henry, mc Pennsylvania 56, cb Sumter 78, Birmingham.

Shropshire, Courtney Wm., mc univ Tennessee 00, cb Limestone 03, Birmingham.

Shugerman, Harry P., mc Johns Hopkins 08, State Board 08, Birmingham.

Sibley, Barney Dunbar, mc Birmingham 98, cb Walker 99, Birmingham.

Smith, C. H., mc Birmingham 03, State Board 03, Quinton.

Smith, Greene Hampton, mc univ Tennessee 16, State Board 16, Ensley.

Smith, James Clement, mc Birmingham 11, State Board 11, Pratt City.

Smith, Wallace B., mc Birmingham 03, State Board 11, Birmingham.

Simpson, Harry M., mc univ Alabama 15, State Board 15, Birmingham.

Snow, John W., Jr., mc Chattanooga 07, cb Walker 07, Palos.

Snyder, J. Ross, mc Vanderbilt 01, cb 02, Birmingham.

Solomon, Edwin Philip mc univ Cincinnati 04, cb 05, Birmingham.

Sparks, David Hoyt, mc Tulane 12, State Board 13, Ensley.

Springfield, Thos. Jefferson, ng, 74, cb Lamar 76, Ensley, Birmingham.

Stephens, Joseph Hafford, mc Birmingham 15, State Board 15, Birmingham.

Stubbins, Samuel Gaines, mc P. & S. St. Louis 07, cb Jefferson 07, Birmingham.

Stubbs, George Hamilton, mc Atlanta Southern 95, cb 97, Birmingham.

Swedlaw, Henry, mc Birmingham 07, cb 07, Birmingham.

Talley, Dyer Findley, mc Tulane 92, cb 92, Birmingham.

Tedder, Chas. E., mc Birmingham 12, State Board 12, Ensley.

Thomas, M. C., mc Tulane 99, cb Bibb 99, Fairfield.

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Thornton, Wm. Lawson, mc Johns Hopkins 10, State Board 10, Birmingham.

Torrance, Gaston, mc univ Virginia 97, cb 00, Birmingham.

Troje, Oscar R., mc univ Kansas 07, State Board 13, Bayview.

Tucker, Easter W., mc Alabama 13, State Board 14, Wylam.

Turlington, Lee F., mc univ Pennsylvania 14, State Board 15, Birmingham.

Vance, J. G., mc Birmingham 05, cb 05, Marvel.

Waldrop, R. W., mc Louisville 96, cb 97, Bessemer.

Walker, Alfred A., mc Cornell 05, cb 05, Birmingham.

Waller, Geo. D., mc Vanderbilt 99, cb Bibb 99, Bessemer.

Walsh, Grosbeck H., mc N. W. univ 02, State Board 13, Birmingham.

Ward, Henry Silas, mc univ Nashville 98, cb Blount 99, Birmingham.

Ward, Walter Rowland, mc Chattanooga 00, cb Tuscaloosa 00, Birmingham.

Watkins, Leon H., mc Johns Hopkins 09, State Board 09, Birmingham.

Watkins, Miles A., mc Tulane 09, State Board 10, Birmingham.

Watterston, Charles, mc Tulane 09, State Board 11, Birmingham.

Weed, Walter A., mc Maryland Med. 05, cb Barbour 05, Birmingham.

Welch, Stewart H., mc Cornell 07, State Board 10, Birmingham.

Whaley, Lewis, mc Atlanta 73, cb Blount 78, Birmingham.

Whelan, Chas., mc Alabama 96, cb 96, Birmingham.

Whorton, Wm. Walter, mc Vanderbilt 99, cb Marshall 00, Pratt City.

Wilder, Wm. Hinton, mc univ New York 91, cb 91, Birmingham.

Wiley, Clarence C., mc Baltimore 08, State Board 09, Birmingham.

Wilks, Arthur E., mc Birmingham 09, State Board 09, Powderly, Birmingham.

Wilkinson, David L., mc Tulane 94, cb Autauga 94, Birmingham.

Williams, Thos. Herbert, mc Birmingham 13, State Board 13, Birmingham.

Wilson, Cunningham, mc univ Pennsylvania 84, cb Jefferson 84, Birmingham.

Wilson, Luther Elgin, mc univ Pennsylvania 11, State Board 13, Birmingham.

Winters, Jos. Schofield, mc Louisville 90, cb 90, Bessemer.

Winn, Lochlin Minor, mc Tulane 00, State Board 100, Birmingham.

Woodson, Lewis Greene, mc univ Maryland 87, cb 88, Birmingham.

Woodson, Richard Carlisle, mc Tulane 04, cb Walker 06, Birmingham.

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Wright, Solon Westcott, mc Birmingham 11, State Board 11, Bessemer.

Wright, Wm. E., mc Birmingham 07, State Board 07, Fairfield.

Wyman, Benjamin Leon, mc univ New York 79, cb Tuscaloosa 82, Birmingham.

Wynne, Wm. Hall, mc Birmingham 97, cb Marengo 97, Ensley, Birmingham.

Total, 281.

PHYSICIANS NOT MEMBERS.

Abney, John S., mc Memphis Hosp. 05, cb Baldwin 06, Birmingham.

Aldridge, Jonas W. (col.), mc Meharry 99, cb 02, Bessemer.

Ansley, Jno. Samuel, mc Atlanta 77, cb Old Law, Bessemer, R. F. D.

Attaway, Wm. A. (col.), mc Meharry 02, cb Etowah 03, Birmingham.

Ballard, Asa Elwyn, mc Pulte Med. Col. Ohio, cb 02, Birmingham.

Ballard, Asa Nathaniel, mc Pulte 76, cb DeKalb 87, Birmigham.

Baldwin, L. W. (col.), mc Meharry 04, cb Walker 04, Pratt City, Birmingham.

Bancroft, Joseph Dozier, mc Vanderbilt 94, cb Sumter 94, East Lake.

Barnes, D. A., mc ...., cb ...., Bessemer.

Barrett, Nathaniel A., mc univ Nashville 85, cb Lauderdale 86, East Lake.

Bell, Alse Wilson, mc Alabama 97, cb Shelby 97, Woodlawn, Birmingham.

Berry, J. Crawford, mc South Carolina 95, cb 95, Bessemer.

Bickley, Thos. J., mc Vanderbilt 79, cb 81, Birmingham.

Black, Wm. Alfred, mc Vanderbilt 90, cb Morgan 90, Birmingham.

Boothe, C. O. (col.), mc Leonard 04, cb Talladega 04, Birmingham.

Bradford, Duke C., mc Birmigham 14, State Board 14, Birmingham.

Bradford, Fred D. (col.), mc Meharry 13, State Board 13, Birmingham.

Branyon. A. C., mc Memphis 03, cb Lamar 03, Pinson.

Brasfield, Charles W., mc Birmingham 03, cb Marengo 03, Bessemer.

Brice, J. Arthur, mc Birmingham 13, State Board 13, Bessemer.

Broughton, M. J. (col.), mc Meharry 15, State Board 15, Birmingham.

Brown, Arthur McKimmon (col.), mc univ Michigan 91, cb 91, Birmingham.

Brown, Robert Turner, Jr. (col.), mc Meharry 15, State Board 15, Birmingham.

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Brown, Walter L., mc Meharry 15, State Board 15, Birmingham.

Bryant, Henry Clay, mc univ Chicago 11, State Board 12, Birmingham.

Burchfield Newbern B., mc Grant 07, cb Tuscaloosa 07, Bessemer.

Caffey, H. T., mc univ Nashville 83, cb Lowndes 83, Leeds.

Caffey, William Milton, mc Birmingham 14, State Board 14, Edgewater.

Caldwell, William D., mc Vanderbilt 88, cb 88, Wylam.

Canterberry, Tillie Z., mc Birmingham 15, State Board 15, Johns.

Carpenter, Nathan H., mc Tulane 98, cb Greene 98, Birmingham.

Carter, James Watson, mc univ Nashville 74, cb Limestone 78, Bessemer.

Casey, Thaddeus Alonzo, mc Vanderbilt 91, cb 91, Birmingham.

Chambers, J. S., mc ...., cb ...., Birmingham.

Chapman, Jesse Pugh, mc univ of Alabama 12, State Board 12, Birmingham.

Clapp, Wm. Wesley, mc Cleveland (Homeopathic) 68, cb DeKalb 90, Birmingham.

Clayton, Benj. L., mc univ Vanderbilt 83, cb St. Clair 83, Village Springs.

Cocciola, Louis, mc Naples, Italy, ng, cb Cullman 00, Birmingham.

Coleman, Wm. Henry (col.), mc Meharry 00, cb Limestone 01, Bessemer.

Collins, Edgar, mc Birmingham 06, cb Cullman 06, Warrior.

Copeland, Chas. P., mc Birmingham 11, State Board 11, Birmingham.

Copeland, Oscar, mc univ Tennessee 82, cb Marion 83, Birmingham.

Council, Wm. L. (col.), Meharry 99, cb 99, Birmingham.

Couric, Edmund S., mc Alabama 13, State Board 14, Woodward.

Cox, E. S. W., mc ...., cb ...., Warrior.

Cross, Thomas W., mc univ Nashville 77, cb old law, Thomas.

Dabney, John Davis, mc univ Washington 72, cb 90, Birmingham.

Davidson, James F., mc Alabama 86, cb 87, Birmingham.

Davis, Fred E., mc Birmingham 99, cb 99, East Lake, Birmingham.

Davis, Manley A., mc Birmingham 11, State Board 11, Pratt City, Birmingham.

Dawkins, James T., mc univ Alabama 09, State Board 09, Mulga.

Deaver, Wilson Thomas, mc univ Alabama 15, State Board 16, Bessemer.

Dedman, Jas. E., mc univ Tennessee 90, cb 98, Birmingham.

Downing, James H., mc Memphis H. M. C. 96, cb Lamar 97, Bessemer.

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Dozier, Byron, mc Barnes 97, cb Elmore 00, Birmingham.

Dozier, Orian Thomas, mc Atlanta 74, cb 74, Birmingham.

Edmundson, Ezra L., mc univ Tennessee 72, cb 83, Brighton.

Edwards, Andrew J., mc Birmingham 12, State Board 12, Bessemer, R. F. D. 2.

Edwards, George Traylor, mc Alabama 14, State Board 14, Ensley.

Elkourie, Haickel A., mc univ Nashville 01, cb 06, Woodlawn, Birmingham.

Ellis, Geo. Washington, mc ...., cb 78, Birmingham.

Farley, Andrew Jackson, mc Atlanta 90, cb Shelby 90, Leeds.

Freeman, Marcellus H. (col.), mc Meharry 05, cb 06, Birmingham.

Gallion, T. T, mc Louisville 95, cb Marengo 95, Birmingham.

Gaston, Cecil D., mc Jefferson 10, State Board 10, Birmingham.

Gaines, Cecil Dean, mc Birmingham 11, State Board 11, Pratt City, Birmingham.

Giscombe, Cecil Stanley, (col.), mc Meharry 16, State Board 16, Avondale, Birmingham.

Goin, J. B. (col.), mc Meharry 90, cb 90, Birmingham.

Goin, L. U. (col.), mc Meharry 99, cb 99, Birmingham.

Gregg, Eugene J. (col.), mc Meharry 05, cb Walker 05, Birmingham.

Grout, Sam'l Eugene, mc univ Minnesota 99, cb Jefferson 01, Bessemer.

Gwin, Paul E., mc Tulane 06, cb 06, Dolomite.

Hancock, James F., mc Louisville 88, cb Walker 88, Morris, R. F. D.

Hankins, Wm. D., mc Memphis Hosp. 96, State Board 09, Birmingham.

Hankins, Jno. M., mc univ of Nashville 07, State Board 07, Woodlawn, Birmingham.

Harris, E. A., mc Sewanee 98, cb St. Clair 98, Bessemer, Route 4.

Hayes, Wm. Isaac, mc Atlanta Southern 85, cb Walker 85, Powderly, Birmingham.

Hays, J. Howard, mc Birmingham 14, State Board 14, Birmingham.

Heath, Geo. D., Jr., mc univ Louisville 07, State Board 16. ——.

Holliday, Walter Horner, mc univ of the South 01, cb Marshall 01, Fairview, Birmingham.

Hood, Alexander, mc Vanderbilt 00, cb 05, Birmingham.

Howard, Joshua E., mc univ Tennessee 87, cb DeKalb 95, Birmingham.

Howard, W. C. (col.), mc Meharry 15, State Board 15, Birmingham.

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Howell, James M., mc Memphis Hosp. 04, cb Winston 04, North Birmingham.

Huckabee, Ben E. (col.), mc Meharry 02, cb Hale 02, Birmingham.

Huey, J. F., mc Baltimore P. & S. 87, cb 87, Alton.

Ivey, Barna P., mc ...., cb ...., Birmingham.

Jackson, J. L. (col.), mc Meharry 06, cb Walker 06, Birmingham.

James, Milton P., mc Birmingham 11, State Board 11, Birmingham.

Johnson, Frank H., mc Grant 03, cb Russell 03, Ensley, Birmingham.

Johnson, Wm. B., mc univ South 05, cb Clay 05, Birmingham.

Johnson, Wm. B., mc univ South 05, cb Clay 05, Birmingham.

Jones, A., mc Vanderbilt 00, cb Calhoun 00, Ensley.

Jones, Richard C., mc Montezuma 98, cb Tuscaloosa 98, Johns.

Jones, Robert Arthur, mc Louisville 83, cb 86, Birmingham.

Jones, Thomas A., mc Birmingham 98, cb Chilffton 98, E. Lake, Birmingham.

Killough, James Monroe, mc univ Kentucky 87, cb 87, Woodlawn.

Kincaid, John L., mc Birmingham 12, State Board 12, Birmingham.

Kinnette, Jackson Flavius, mc Georgia Eclectic 92, cb Shelby 92, Brighton, Birmingham.

Lawrence, William O., mc Birmingham 09, State Board 09, Leeds.

Lavender, William Algernon, mc Birmingham 09, State Board 10. Boyles, Birmingham.

Lee, Lucius Tennent, mc Alabama 04, cb Barbour 04, Fairfield.

Lewis, Frances P., mc univ South Carolina 77, cb 80, Birmingham.

Lewis, Herbert J., mc Birmingham 15, State Board 16, N. Birmingham.

Long, Roy Cleveland, mc univ Tennessee 12, State Board 15, Cardiff.

McCarn, Oscar C., mc Birmingham 07, cb 07, Warrior.

McDaniel, Joe C., mc Birmingham 12, State Board 13, Birmingham.

McElroy, Chas. I., mc Memphis Hosp. 01, cb Choctaw 01, Birmingham.

McGlathery, Fountain S., mc Vanderbilt 82, cb Morgan 82, Woodlawn, Birmingham.

McPherson, Webster, mc Tulane 11, State Board 12, Ensley.

McWhorter, Horace Lamar, mc univ of Alabama 13, State Board 13, Fairfield.

Macklin, Robert B. (col.), mc Meharry 05, cb Tuscaloosa 05, Birmingham.

Marcus, Thomas J., mc Memphis 10, State Board 10, Birmingham.

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Martin, Wm. G, mc univ Memphis Hosp. 93, cb 95, Warrior.

Mason, Ulysses G. (col.), mc Meharry, mc 95, cb 95, Birmingham.

May, Frank H., mc univ of South 98, cb Marion 99, Birmingham.

Meers, A. A., mc ...., cb ...., Dolomite.

Messenger, F. R., mc Maryland P. & S. 02, illegal, Kimberly.

Miller, J. T., mc Vanderbilt 86, cb Pickens 86, Birmingham, R. F. D. 2.

Mitchell, Robert Lee, mc Chattanooga 94, cb Cullman 95, Warrior.

Montgomery, Oscar Haden, mc Birmingham 03, cb 03, E. Birmingham.

Moon, Emmet K., mc Grant univ 92, cb Franklin 92, Birmingham.

Morris, Emory Arnold, mc univ Nashville 02, cb Cullman 02, Ensley, Birmingham.

Morris, H. R., mc univ Nashville 06, cb St. Clair 06, Trussville.

Morton, T. C., mc Grant univ 91, cb Lamar 94, Birmingham.

Naff, Mortimer H., mc Birmingham 12, State Board 12, Dolomite.

Naramore, A. O., mc Memphis Hosp. 06, cb Walker 06, Adger.

Norton, H. F., ng, mc ...., cb ...., Leeds.

Nolen, Richard S., mc univ Kentucky 89, cb 89, Bessemer.

Pearce, Hill Everett, mc Birmingham 08, State Board 08, Boyles.

Perry, S. M., mc Vanderbilt 94, Tuscaloosa 94, Birmingham.

Porter, Daniel W. (col.), mc Meharry 05, cb Walker 06, Birmingham.

Pruitt, Elihu Posey, mc P. & S. Atlanta 05, cb Lowndes 05, Morris.

Ransom, Wm. Walter, mc Vanderbilt 88, cb 88, Birmingham.

Reynolds, Frederick Knox, mc Birmingham 01, cb 01, Birmingham.

Robertson, A. G. (col.), mc Leonard 05, State Board 05, Birmingham.

Robinson, Joseph Bennett, mc Vanderbilt 69, cb St. Clair 78, Woodlawn, Birmingham.

Roper, Grady Clarence, mc Birmingham 15, State Board 15, Birmingham.

Rosamond, W. L, mc Kentucky School Med. 91, cb Walker 91, Birmingham.

Rutherford, E. G., mc univ Alabama 09, State Board 09, Birmingham.

Saunders, W. P., mc Meharry 13, State Board 13, Birmingham.

Scott, George B., mc Jefferson 90, cb Lauderdale 90, Birmingham.

Sellers, William David, mc Atlanta P. & S. 02, State Board 02, Birmingham.

Shell, Charles C., mc Birmingham 09, State Board 09, Cardiff.

Sherman, Edgar P., mc uiv Wash. 10, State Board 17, Birmigham.

Simpson, Frank S. (col.), mc Leonard 02, cb Russell 02, Ensley, Birmingham.

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Sims, Jack H., mc Atlanta Southern 82, cb ...., Birmingham.
Smith, P. F., mc Baltimore P. & S. 06, State Board 06, Ensley.
Smith, Robt. Lee, mc Louisville 91, cb 91, Bessemer, R. F. D. 5.
Sorrell, Howard H., mc Birmingham 08, State Board 08, Brookside.
Spencer, Lucien Allen, mc Miami 85, cb 85, Bessemer.
Stagg, John Bell, mc Vanderbilt 85, cb Walker 85, Pratt City.
Strawbridge, Fred H. (col.), mc Meharry 14, State Board 14, Birmingham.
Strickland, James J., mc Tulane 04, cb 04, Birmingham.
Sutton, Frederick Bland, mc univ of Michigan 81, cb Cullman 02, Birmingham.
Tarrant, Jas. Richard, mc Alabama 87, cb Talladega 87, Boyles.
Terrill, Jas. Walton, mc univ Alabama 13, State Board 13, Birmingham.
Thagard, Robert Albert, mc Tulane 97, cb Butler 97, Birmingham.
Thomas, Alfred E. (col.), mc Meharry 03, cb Limestone 06, Birmingham.
Thomas, Joseph T. (col.), mc Meharry 05, cb Limestone 05, Birmingham.
Tubb, James, mc Memphis 93, cb Walker 94, Bessemer.
Vann, Sidney J., mc univ Georgia 00, cb 00, West End.
Vines, A. V., mc ...., cb ...., Bessemer, Route 5, Box 41.
Waldrop, W. M., mc Memphs 99, cb 99, Bessemer.
Wallace, Samuel H., mc Birmingham 11, State Board 13, Boyles.
Waters, Archibald C., mc univ Nashville 00, State Board 10, Birmingham.
Watts, Anti Costa, mc Louisville 92, cb Winston 92, Lewisburg.
Wellborn, Mitchell D. (col.), mc Meharry 01, cb 01, Pratt City.
Wheeler, Thos. Tyler, mc Grant 00, cb Cleburne 00, Alton.
Whissenant, Lewis D., ng, mc ...., cb 78, Morris.
White, Aaron J., mc Tulane 14, State Board 14, Bessemer (Brighton).
White, Chas. Peyton, mc Memphis Hosp. 10, State Board 13, Trafford.
White, Robert Allen, mc univ Richmond 07, State Board 07, Wylam.
Wilkinson, Jno. G., mc univ Tennessee 02, cb Tuscaloosa 02, Birmingham.
Wood, Winston Cass, mc Atlanta 81, cb 81, Bessemer.
Woodall, P. H. (osteopath), mc univ Michigan 96, State Board 00, Birmingham.
Woods, Leo C., mc Birmingham 14, State Board 14, Birmingham.

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Wrenn, William Joseph, mc univ Alabama 08, State Board 08, Bessemer.

Young, Walter B., mc Birmingham 01, cb 01, Warrior.

Total, 179.

Moved into the county—C. W. Brasfield, from Marengo county; J. P. Chapman, from Talladega county; H. L. McWhorter, from DeKalb county; E. M. Sellers, from Calhoun county; Wm. D. Sellers, from Calhoun county; Geo. T. Edwards, from Coffee county; J. A. Brice, from Blount county; L. Tennent Lee, from Bibb county; John L. Kincaid, from Chilton county; W. T. Deaver, from Sumter county to Bessemer; W. J. Wrenn, from Sumter county to Bessemer; Oscar Copeland, from Franklin county to Birmingham; G. B. Scott, from St. Clair county to Birmingham.

Moved out of the county—E. C. Bandy, to Etowah county; John M. Bonds, to .....; Thos. I. Conwell, to Mobile county; Walter F. Hamilton, to St. Clair; Frank J. Lee, to Cleburne county; Albert E. Meadows, to Shelby county; E. M. Norton, to .....; C. E. Thompson, to .....; Noah F. Turner, to .....

Died—D. D. Jones.

LAMAR COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Geo. S. Barksdale, Fernbank; Vice-President, T. H. Young, Vernon; Secretary, R. H. Redden, Sulligent; Treasurer, R. H. Redden, Sulligent; County Health Officer, Wm. L. Box, Bedford; City Health Officers, D. C. Morton, Vernon; D. D. Hollis, Sulligent; G. S. Barksdale, Fernbank; C. A. Davis, Kennedy. Censors—R. H. Redden, Chairman, Sulligent; T. H. Young, Vernon; C. A. Davis, Kennedy; W. L. Box, Bedford; A. W. Clanton, Millport.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barksdale, Geo. S., mc Memphis Hosp. 99, cb 99, Fernbank.

Young, T. H., mc Tulane 03, cb 03, Vernon.

Box, Dan W., mc Alabama 85, cb 85, Vernon.

Box, W. L., mc univ Alabama 06, cb 06, Bedford.

Buckelew, Judge C., mc Grant univ 98, cb 98, Sulligent.

Clanton, Albert W., mc Miss. Med. 07, cb 07, Millport.

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Davis, Charles A., mc Birmingham 12, State Board 12, Kennedy.
Jackson, John A., mc Memphis Hosp. 99, cb 99, Sulligent.
Kennedy, John O., mc Alabama 82, cb 82, Kennedy.
Morton, Dick C., mc Memphis Hosp. 97, cb 97, Vernon.
Redden, Robert J., mc Washington univ 72, cb 77, Sulligent.
Redden, Raymond H., mc Memphis Hosp. 01, cb 01, Sulligent.
Sizemore, William C., mc univ Nashville 04, cb 04, Melbourne.
Total, 13.

PHYSICIANS NOT MEMBERS.

Black, James Berton, mc Memphis Hosp. 04, cb 04, Blowhorn.
Blakeney, Walter W., mc Memphis Hosp. 01, cb 01, Millport.
Coleman, Luther S., univ Tennessee, ng, State Board 09, Millport.
Collins, Francis A., mc Memphis Hosp. 92, cb 92, Crews Depot.
Duncan, John H., mc Vanderbilt 86, cb 86, Millport.
Hollis, Daniel D., ng, Old Law 84, Sulligent.
Jones, Tarley W., mc Vanderbilt 00, cb 00, Kennedy.
Smothers, Robert E. Lee, mc univ Alabama 97, cb Pickens 04, Millport.
Vaughn, George W., mc, ng, 88, cb 88, Vernon.
Total, 9.

Moved into the county—R. Lee Smothers, from Pickens county to Millport.

LAUDERDALE COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, R. L. Penn, Florence; Vice-President, A. A. Jackson, Florence; Secretary, S. S. Roberts, Florence; Treasurer, S. S. Roberts, Florence; County Health Officer, S. S. Roberts, Florence; City Health Officers, P. I. Price, Florence; A. H. Powers, Waterloo; J. C. Belue, Rogersville. Censors—W. B. Turner, Chairman, Florence, Route 4; P. I. Price, Florence; R. L. Penn, Florence; E. B. Hardin, Florence; W. J. Calloway, Florence.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bayles, Lewis E., mc Alabama 11, State Board 11, Rogersville, R. F. D. 1.

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Belue, John Columbus, mc ng, cb 90, Rogersville.
Belue, Julius Orville, mc Vanderbilt 15, State Board 15, Rogersville.
Blakemore, Joseph N., mc Memphis Hosp. 07, cb 07, Florence.
Calloway, Wm. J., mc Birmingham 03, cb Jefferrson 03, Florence.
Duckett, Lee F., mc Tennessee 94, cb 02, Florence.
Ellis, Leon Cicero, mc Col. M. & S. Chicago 13, State Board 13, Florence.
Hardin, Edmund B., mc Louisville 96, cb Jefferson 96, Florence.
Jackson, Alva A., mc N. W. univ Med. Sch. 11, State Board 12, Florence.
Kernachan, Wm. Jones, mc Vanderbilt 80, cb 88, Florence.
Lee, John William, mc Kentucky School Med. 90, cb 95, Waterloo.
Maples, John M., mc univ Louisville 07, cb 07, Killen, R. F. D.
Morris, D. Jackson, ng, cb ...., Florence, R. F. D. 4.
Peerson, James M., univ Vanderbilt 91, cb 91, Florence.
Penn, Richard L., univ Nashville 03, cb Winston 03, Florence.
Powers, Alexander H., mc univ Louisville 71, cb 95, Waterloo.
Price, Percy Isaac, mc Vanderbilt 86, cb 87, Florence.
Roberts, Shaler S., mc Atlanta 14, State Board 14, Florence.
Stutts, Henry Lee, mc Alabama 00, cb 01, St. Joseph, Tenn., Rt. 1.
Turner, William Brooks, mc Nashville 04, cb 04, Florence, R. F. D. 4.
Williams, Geo., ng, cb 90, Killen, R. F. D. 1.

Total, 21.

PHYSICIANS NOT MEMBERS.

Cotton, Spencer F., mc univ Alabama 09, State Board 14, Lexington.
Ethridge, Eli H., mc Birmingham 11, State Board 12, St. Joseph, Tenn.
Hubbard, Wilder D., mc P. & S. Chicago 95, State Board 14, Thomas, Birmingham.
Lee, John David, mc Memphis Hospital 00, cb Franklin 01, Florence.
Lindsay, Eugene C., mc Vanderbilt 95, cb Limestone 01, Florence.
Mackey, James Spencer, mc univ Tennessee 07, cb 07, Rogersville.
Pate, Jessie Americus, mc univ Louisville 75, cb 87, Rogersville.
Suggs, James Thomas (col.), mc Howard 03, cb Montgomery 06, Florence.
Sugg, Thos. Leland, mc Kentucky 88, cb 89, Smithsonia.
Taylor, John Walton, mc univ Tennessee 15, State Board 15, Lexington.
Waddell, John R., mc Vanderbilt 15, State Board 15, Rogersville.

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Weaver, L. A., ng, cb 88, Rogersville.
Watson, James Alex, mc Birmingham 03, cb 03, Waterloo.
Total, 13.

Moved into the county—L. W. Hubbard, from Bessemer; J. D. Lee, from Haleyville.

LAWRENCE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, H. C. McCullough, Town Creek; Vice-President, S. R. Sanders, Moulton; Secretary, J. W. Fennell, Mt. Hope; Treasurer, J. W. Fennell, Mt. Hope; County Health Officer, W. R. Taylor, Town Creek; City Health Officer, John Irwin, Moulton. Censors—J. W. Fennell, Chairman, Mt. Hope; J. H. Irwin, Moulton; J. W. Jackson, Mt. Hope; H. C. McCullough, Town Creek; R. P. Irwin, Moulton.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Fennell, James Wattie, mc Birmingham 01, cb 01, Mt. Hope.
Howell, J. R., mc Memphis 88, cb 88, Hatton.
Irwin, John Howard, mc Chattanooga 04, cb 04, Moulton.
Irwin, Robert Price, mc Birmingham 10, State Board 09, Moulton.
Irwin, Thomas Howard, mc Vanderbilt 00, cb 00, Moulton.
Jackson, James Neal, mc Birmingham 04, cb 04, Mount Hope.
Masterson, John T., mc Pennsylvania 69, cb 78, Moulton.
McCullough, Henry Claiborne, mc univ Alabama 05, cb Morgan 05, Town Creek.
Neill, Luther C, mc Columbia univ 04, cb Bibb 04, Hillsboro.
Sanders, Samuel R., mc Birmingham 08, State Board 08, Moulton.
Taylor, Woodie R., mc univ Nashville 10, State Board 10, Town Creek.
Ussery, James Alexander, mc Alabama 15, State Board 15, Courtland.
Total, 12.

PHYSICIANS NOT MEMBERS.

Clarke, John King, Jr., mc Vanderbilt 82, cb Franklin 88, Courtland.

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Walker, D. C., mc Birmingham 05, cb 05, Hillsboro.
Total, 2.

Moved out of the county—C. R. Whitman, from Mt. Hope to Tuscumbia.

LEE COUNTY MEDICAL SOCIETY—Huntsville, 1880.

OFFICERS.

President—H. L. McClendon, Waverly; Vice-President, F. R. Yarbrough, Auburn; Secretary, M. D. Thomas, Opelika; Treasurer, M. D. Thomas, Opelika; County Health Officer, G. H Cooper, Opelika; City Health Officers, G. H. Cooper, Opelika; R. S. Watkins, Phœnix City; C. S. Yarbrough, Auburn; H. L. McClendon, Waverly. Censors—A. B. Bennett, Chairman, Opelika; C. S. Yarbrough, Blanton; M. D. Thomas, Opelika; H. L. McClendon, Waverly; C. C. Bullard, Opelika.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bennett, Abijah B., mc P. & S. Baltimore 81, cb 81, Opelika.
Bruce, Homer S., mc Atlanta 91, cb Chambers 91, Opelika.
Bullard, C. C., mc Georgia Eclectic 91, cb Chambers 91, Opelika.
Cooper, G. H., mc Chattanooga 01, cb Lamar 01, Opelika.
Curtis, Robert C., mc Memphis Hosp. 01, cb Shelby 01, Loachapoka.
Drake, Jno. Hodges, mc Atlanta 67, cb 81, Auburn.
Floyd, Ashby, mc Tulane 89, cb 95, Phoenix City.
Jenkins, John F., mc Alabama 01, cb Mobile 01, Opelika.
Kimball, Isham G., mc univ Alabama 10, State Board 10, Auburn.
Langley, O. Velpean, mc Baltimore 93, cb Tallapoosa 93, Loachapoka.
Love, William Joseph, mc Atlanta Med. Col. 82, cb 85, Opelika.
Moore, Gilmer Harrison, mc Maryland 04, State Board 04, Opelika.
McClendon, Henry L., mc univ of the South 99, cb Chambers 00, Waverly.
McLain, Andrew D., mc Alabama 01, chambers 01, Salem.
Palmer, Jesse Gary, mc P. & S. Baltimore 84, cb Chambers 84, Opelika.
Thomas, Benjamin Franklin, mc Emory 17, State Board 17, Montgomery, care State Board of Health.

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Thomas, Merrick D., mc P. & S. Columbia New York 04, cb Autauga 04, Opelika.
Watkins, Richard S., mc Vanderbilt 81, cb Morgan 81, Phoenix City.
Wheelis, Wade K., mc Louisville 85, cb Chambers 85, Blanton.
Yarbrough, Chas. S., mc Atlanta 97, cb 97, Blanton.
Yarbrough, Cecil S., mc univ Tennessee 01, cb Russell 01, Auburn.
Yarbrough, Frank R., mc univ Tennessee 98, cb Crenshaw 98, Auburn.
Total, 22.

PHYSICIANS NOT MEMBERS.

Baird, S. L., mc ..... 02, cb ...., Phoenix City.
Ballard, Ira W., ng, 05, State Board 05, Opelika.
Darden, Jno. W., mc Leonard 01, State Board 02, Opelika.
Lindsay, Eugene A., mc Meharry 08, State Board 09, Opelika.
Total, 4.

Moved into the county—B. F. Thomas, with State Board of Health.
Moved out of the county—Thos. C. Kirven, to Jackson, Clarke county.

LIMESTONE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, J. S. Crutcher, Athens; Vice-President, M. W. Dupree, Athens; Secretary, H. A. Darby, Athens, Route 3; Treasurer, H. A. Darby, Athens, Route 3; County Health Officer, B. S. Pettus, Athens; City Health Officers, M. W. Dupree, Athens; A. D. Powers, Elkmont.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Crutcher, John Sims, mc Vanderbilt 89, cb 89, Athens.
Darby, Henry Alonzo, mc Birmingham 01, cb 01, Harvest, R. F. D.
Dupree, Marvin W., mc Alabama 03, cb 03, Athens.
Estes, David G., mc univ Tennessee 01, cb 01, Westmoreland, Bethel, Tenn., R. F. D.
Glaze, Andrew Louis, Jr., mc Vanderbilt 12, State Board 13, Athens.
Hagan, Wm. James, mc Jefferson 84, cb 84, Athens.
Hughes, John Frederick, mc Birmingham 10, State Board 12, Athens, R. F. D.

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King, Chas. Ordway, mc Vanderbilt 09, State Board 09, Athens.
Maples, Joseph Hemans, mc univ Nashville 05, cb 05, Elkmont.
Maples, Wm. Ellis, mc univ Nashville 03, cb 03, Elkmont.
Pettus, Benton S., mc Vanderbilt 92, cb 92, Athens.
Pettus, Joseph Albert, mc Louisville 67, cb 67, Athens.
Powers, Alvin Dow, mc univ Alabama 11, State Board 11, Elkmont.
Total, 13.

PHYSICIANS NOT MEMBERS.

Cain, John J., mc Vanderbilt 97, cb 02, Mooresville.
Hill, James A., mc Vanderbilt 84, cb 84, Mooresville.
Hindman, David S., mc Memphis 03, cb ...., Ripley.
Jones, Thos. Crittenden, mc Louisville 76, cb Lawrence 88, Athens.
Kyle, William Bailey, mc Alabama 89, cb 89, Athens, R. F. D.
Mayhall, Clifford Vernon, mc Alabama 15, State Board 15, Elkmont.
Milhous, W. A., mc univ Nashville 68, Old Law, cb ...., Elkmont, Route 1.
Pettus, J. J., mc Alabama 08, State Board 08, Bellemina.
Sowell, W. O., ng, cb 78, Athens, R. F. D.
Suite, W. R., mc ...., cb ...., Athens.
Wilkinson, Thomas, ng, cb ...., Athens, Route 5.
Williams, Geo. Allen, mc univ Nashville 80, cb 91, Elkmont.
Total, 12.

Died—Elisha B. Moore.

LOWNDES COUNTY MEDICAL SOCIETY—Mobile, 1878.

OFFICERS.

President, N. G. James, Hayneville; Vice-President, W. B. Crum, Fort Deposit; Secretary, W. E. Lee, Fort Deposit; Treasurer, W. E. Lee, Fort Deposit; County Health Officer, C. E. Marlette, Hayneville. Censors—W. B. Crum, Chairman, Fort Deposit; J. H. Kimbrough, Lowndesboro; C. W. Powell, Letohatchee; W. E. Lee, Fort Deposit; N. G. James, Hayneville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Black, J. Henry, mc univ Alabama 05, State Board 05, Fort Deposit.

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Carr, Geo. Washington LaFayette, mc univ Pennsylvania 55, cb 78, Fort Deposit.
Coleman, Aurelius Daniel, mc Alabama 80, cb 80, Mt. Willing.
Coleman, Henry Neal, non-graduate, State Board 02, Fort Deposit.
Crum, Wm. Barton, mc Alabama 88, cb 88, Fort Deposit.
Hagood, Robert B., mc Tulane 05, cb 05, Lowndesboro.
James, Norman Gilchrist, mc Alabama 98, cb 98, Hayneville.
Kimbrough, John Henry, mc Memphis Hospital 94, cb Wilcox 94, Lowndesboro.
Lee, William Ernest, mc Atlanta P. & S. 06, cb 06, Fort Deposit.
Leatherwood, Elbert F., mc Alabama 07, cb 06, Braggs.
Marlette, Cyrus Edmond, mc Louisville 81, cb 91, Hayneville.
Marlette, George C., mc univ Alabama 16, State Board 16, Hayneville.
Powell, Clifton Woodruff, mc Alabama 91, cb 91, Letohatchie.
Powell, George Norman, mc Alabama 96, cb 97, Letohatchie, Route 1.
Total, 14.

PHYSICIANS NOT MEMBERS.

Clements, Henry Clay, mc Alabama 99, cb Autauga 99, Benton.
McPherson, Webster B., mc Tulane 07, State Board 12, Letohatchie.
Powell, Chas. William, mc Alabama 90, cb 90, Lowndesboro.
Total, 3.

Moved out of the county—W. B. Lanford, from Braggs to Butler county.

MACON COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, L. W. Johnston, Tuskegee; Vice-President, A. L. Hayes, Notasulga; Secretary, Thos. F. Taylor, Tuskegee; Treasurer, Thos. F. Taylor, Tuskegee; County Health Officer, B. W. Boothe, Shorter; City Health Officer, G. B. Collier, Tuskegee; County Physician, Thos. F. Taylor. Censors—W. P. McGruder, Chairman, Tuskegee; P. M. Lightfoot, Shorter; Thos. F. Taylor, Tuskegee; F. M. Johnston, Tuskegee; G. B. Collier, Tuskegee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Boothe, Benson W., mc mc Alabama 05, cb Autauga 05, Shorter.
Collier, George B., mc Tulane 15, State Board 15, Tuskegee.

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Hayes, Armistead L., mc Birmingham 14, State Board 14, Notasulga.
Howard, Robert H., mc univ Alabama 11, State Board 11, Tuskegee.
Johnston, Frank M., mc univ of South 00, cb 00, Tuskegee.
Johnston, Louis William, mc Alabama 89, cb 89, Tuskegee.
Lightfoot, Phillip Malcolm, mc Alabma 00, cb 00, Shorter.
Magruder, William Perry, mc Atlanta 90, cb 90, Tuskegee.
Mullen, Wm. LaFayette, mc Alabama 03, cb Houston 03, Opelika, R. F. D.
Taylor, Thomas F., mc Alabama 04, cb Mobile 04, Tuskegee.
Thompson, Charlton, mc P. & S. Atlanta 99, cb 99, Tuskegee.
Williams, Chas. Elias, mc Alabama 04, cb 04, Notasulga.
Total, 12.

PHYSICIANS NOT MEMBERS.

Kenney, John A. (col.), mc Leonard 01, cb 02, Tuskegee Institute.
Wood, Geo. P., mc Memphis Hosp. 89, cb 90, Tuskegee.
Total, 2.

Moved into the county—Thos. F. Taylor, from Houston county to Tuskegee; Charles E. Williams, returned from army, honorably discharged.

Moved out of the county—J. W. Sankey, to Walker county; W. L. Johnston, to Tallassee, Elmore county.

Died—Wm. Solomon Ward, Notasulga, November, of arterio sclerosis; John Steele Lightfoot, Shorter, March, of malignancy of intestine.

MADISON COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, C. E. Blanton, New Market; Vice-President, H. H. Thomas, Huntsville; Secretary, Wm. F. Jordan, Huntsville; Treasurer, Wm. F. Jordan, Huntsville; County Health Officer, Carl A. Grote, Huntsville; City Health Officer, Carl A. Grote, Huntsville. Censors—T. E. Dryer, Chairman, Huntsville; H. H. Thomas, Huntsville; M. R. Moorman, Huntsville; I. W. Howard, Maysville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Roscoe Bryant, mc univ Tennessee 11, State Board 12, New Hope.

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Blanton, Chas. Edgar, mc Vanderbilt 82. cb 82, New Market.

Brooks, Osceola Judkins, mc Tulane 93, cb Chilton 93, Huntsville.

Burnam, James Fulton, univ Nashville 99, cb 99, Huntsville.

Caldwell, Edwin Valdivia, mc Alabama 07, State Board 07, Huntsville.

Carpenter, James Allen, mc Alabama 96, cb 96, New Hope.

Dryer, Thomas Edmund, mc Alabama 86, cb 86, Huntsville.

England, Walter Booker, mc univ Tennessee 04, cb Chambers 07, Huntsville.

Esslinger, Wade Hampton, mc Sewanee 01, cb Lawrence 02, Meridianville.

Grote, Carl Augustus, mc univ Alabama 12, State Board 12, Huntsville.

Graham, Benjamin Emmett, mc univ of South 94, cb Jackson 94, Gurley.

Haden, William Wright, mc Vanderbilt 92, cb 94, Huntsville.

Hatchett, Wm. G., mc Memphis Hosp. 12, State Board 12, Toney.

Howard, Isaac Wm., mc Memphis Hosp. 98, cb DeKalb 99, Maysville.

Jordan, William F., mc Jefferson 09, State Board 09, Huntsville.

Kyser, James Allen, mc Tulane 11, State Board 11, Madison.

Lipscomb, Abin Wilshire, mc Vanderbilt 96, cb 96, New Market.

Mastin, T. Lacy, mc univ Pennsylvania 02, cb 02, Huntsville.

McCowan, Walter Steele, mc univ Tennesse 93, cb Morgan 03, New Market, R. F. D.

Moorman, Marion Ridley, mc univ of South 00, cb 01, Huntsville.

Moreland, Howard Canon, mc univ Kentucky 05, cb Hale 05, Huntsville.

Mullins, T. K., mc Atlanta 98, cb Pike 98, Huntsville.

Patton, Irwin W., mc univ Virginia 94, cb 95, Madison.

Pettus, Claude, mc Vanderbilt 96, cb Limestone 96, Huntsville, Route No. 3.

Pride, William Thos., mc Tulane 95, cb 95, Madison.

Rand, Edgar, mc Alabama 79, cb Lawrence 79, Huntsville.

Russell, Christopher H., Birmingham 12, State Board 13, Huntsville.

Thomas, Herbert Holden, mc univ Tennessee 08, State Board 09, Huntsville.

Turner, Ferdinand Hammond, mc Birmingham 03, cb St. Clair 03, Toney.

Walker, J. Ernest, Jr., mc univ Tennessee 08, State Board 08, Huntsville.

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Westmoreland, Hawkins Davenport, mc Vanderbilt 92, cb Limestone 93, Huntsville.

Wikle, Luther LaFayette, mc univ Tennessee 88, cb 88, Madison.

Williams, John W., mc Memphis Hosp. 95, cb Limestone 04, Harvest, R. F. D.

Williamson, Edwin Oliver, mc Chattanooga 98, cb 98, Gurley.

Wilson, Frank Baatty, mc Vanderbilt 01, State Board 10, Huntsville. Total, 35.

PHYSICIANS NOT MEMBERS.

Bronilett, P. L., mc Cincinnati 71, State Board 84, Huntsville.

Derrick, Wm. W. (col.), mc Meharry 06, cb 96, Huntsville.

Hatcher, Archibald W., cb 82, retired, Huntsville.

Scruggs, Burgess S. (col.), mc Meharry 79, cb 79, Huntsville.

Shelby, Anthony, cb 78, retired, Huntsville.

Wall, William Wiley, mc Birmingham 13, State Board 14, New Hope. Total, 6.

Moved into the county—Wm. F. Jordan, from California to Huntsville; Carl A. Grote, from Walker county to Huntsville; William Wiley Wall, from Marshall county to New Hope.

Moved out of the county—Martha S. Arledge, osteopath.

Died—Felix Baldridge, June 16th, 1917, of pneumonia; David M. Winton, January 8th, 1918; Levi P. Esslinger, October 4th, 1917, of gall bladder; Henry R. Johnson, July 7th, 1917.

MARENGO COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, J. D. Jones, Sweetwater; Vice-President, W. L. Kimbrough, Linden; Secretary, W. T. Cocke, Demopolis; Treasurer, E. B. Bailey, Demopolis; County Health Officer, C. N. Lacey, Demopolis; City Health Officers, T. C. Cameron, Faunsdale; W. T. Cocke, Demopolis; Guy J. Dunning, Linden; W. B. Harrell, Thomaston; W. C. Lockhart, Dayton. Censors—J. D. Jones, Chairman, Sweetwater; W. T. Cocke, Demopolis; C. N. Lacey, Demopolis; B. R. Bradford, Dixon Mill; W. C. Lockhart, Dayton.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bailey, Ed Burke, mc univ Virginia 97, cb 05, Demopolis.
Bradford, B. R., mc Alabama 04, cb 04, Dixon Mill.
Cameron, Turner C., univ Alabama 07, State Board 07, Faunsdale.
Cocke, Wm. T., mc Birmingham 03, cb Greene 03, Demopolis.
Hand, Leslie M., mc Kentucky School Med. 04, cb 04, Demopolis.
Harrell, Wm. B., mc Louisville 05, cb Chambers 05, Thomaston.
Jones, James D., univ of Ky. Sch. Med. 93, cb 94, Sweet Water.
Lacey, Claud N., univ Alabama 00, cb Washington 03, Demopolis.
Lee, Earl F., univ Alabama 03, cb 04, Consul.
Miller, Jesse C., mc Memphis Hosp. 01, State Board 01, Myrtlewood.
Moseley, David C., mc Alabama 88, cb 88, Faunsdale.
Slade, Henry, univ Alabama 72, cb 87, Magnolia.
Total, 12.

HONORARY MEMBERS.

Jones, G. E., mc univ Alabama 82, cb Clarke 83, Gallion, Route 1.
Wilson, I. G., mc univ Louisiana 58, cb Dallas 78, Demopolis.
Kimbrough, W. L, univ of Louisiana 81, cb Wilcox 81, Linden.
Savage, Thomas C., univ Alabama 11, State Board 12, Demopolis.
Reid, Thomas C., mc Kirkville Mo. Osteop. 12, State Board 13, Demopolis.
Total, 5.

PHYSICIANS NOT MEMBERS.

Johnson, I. W., univ Alabama 00, State Board 03, Nicholasville.
Lockhart, W. C., mc univ Alabama 89, cb 89, Dayton.
Malone, J. C., mc Memphis Hosp. 01, cb Greene 01, Dayton.
McCants, Jason S., mc Atlanta 66, cb 86, Jefferson.
McMillan, T. N., univ Alabama 95, cb ...., Consul.
Rhodes, Charles E., mc univ South 05, cb 06, Demopolis.
Stallworth, C. J., mc univ of Maryland 12, State Board 12, Thomaston.
Stone, Sardine J., univ Alabama 87, cb Calhoun 87, Nanafalia.
Wood, J. H., mc univ Alabama 86, cb 86, Vangale.
Total, 9.

Moved into the county—T. M. Hand, Hurtsboro, to Demopolis.

Moved out of the county—Chas. W. Brasfield, from Linden to Bessemer; C. P. Hausman, from Nicholsville to Tuscaloosa county.

Died—Sam P. Hand, Demopolis.

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MARION COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, M. S. White, Hamilton; Vice-President, J. C. Johnson, Hamilton; Secretary, J. L. Wilson, Hackleburg; Treasurer, J. R. Burleson, Hamilton; County Health Officer, D. M. Sizemore, Guin; City Health Officers, M. C. Hollis, Winfield; W. H. Shelton, Guin; L. N. Flippo, Bear Creek; M. S. White, Hamilton; J. L. Wilson, Hackleburg. Censors—D. M. Sizemore, Chairman, Guin; J. R. Burleson, Hamilton; M. C. Hollis, Winfield; J. R. Brown, Bexar; J. L. Wilson, Hackleburg.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barnes, Reuben H., mc Atlanta 14, State Board 14, Glen Allen, R. 1.
Brown, James R., mc Memphis Hosp. 12, State Board 13, Bexar, Route 1.
Burleson, John Rufus, mc Memphis Hosp. 97, cb 97, Hamilton.
Clark, William F., ng, Old Law 88, Hamilton, Route 1.
Flippo, La Fann N., mc univ of Alabama 04, cb 07, Bear Creek.
Goggans, Kimbro B., Memphis Hosp. 93, cb 93, Hackleburg.
Hill, Robert L, mc Memphis Hosp. 05, cb 05, Winfield.
Hollis, Murray C., Memphis Hosp. 08, State Board 08, Winfield.
Howell, Hill W., mc univ Nashville 09, State Board 09, Hamilton.
Johnson, John Carroll, mc Louisville 92, cb Fayette 92, Hamilton.
Mixon, George Wesley, mc Alabama 04, cb 04, Hackleburg.
Moorman, Achilles Lucian, mc Kentucky, ng, Old Law 88, Bexar.
McDiarmid, Thomas S., mc Birmingham 09, State Board 10, Brilliant.
Northington, James L., mc Memphis Hospital 07, cb 07, Hamilton.
Phillips, Wendell V., mc Alabama 01, cb 02, Bear Creek.
Shelton, William H., mc Memphis Hosp. 01, cb 01, Guin.
Sizemore, Daniel M, mc univ Nashville 07, cb Lamar 07, Guin.
White, Marvin S., mc Louisville 03, cb 03, Hamilton.
Wilson, Jno. L., mc Birmingham 11, State Board 12, Hackleburg.
Total, 19.

PHYSICIANS NOT MEMBERS.

Cochran, William J., ng, Old Law 88, Brilliant.
Earnest, James F., ng, Old Law 88, Winfield.

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Earnest, Warren L., mc Memphis Hosp. 04, cb 04, Winfield.
Guinton, Warren W., mc St. Louis ...., old law, Hamilton.
Williams, Larkin W., ng, Old Law 88, Brilliant.
Total, 5.

Moved out of the county—W. P. Johnson, to Cullman county.

MARSHALL COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, W. E. Noel, Boaz; Secretary, W. T. Miller, Albertville; Treasurer, W. T. Miller, Albertville; County Health Officer, J. R. Thomas, Albertville; City Health Officers, J. H. Thomason, Guntersville; B. S. Cooley, Boaz. Censors—J. R. Thomas, Chairman, Albertville; R. F. Fennell, Guntersville; Wm. R. Huckaby, Guntersville; John Harris, North; Lee Dowdy, Albertville, R. F. D. 1.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Barnard, Frank P., mc Chicago M. & S. 14, State Board 15, Arab.
Cooley, Beamon Sherley, mc univ Tennessee 12, State Board 12, Boaz.
Couch, Ezekiel H., mc Vanderbilt 05, cb 05, Union Grove.
Dowdy, I. Lee, mc Chattanooga 03, cb 03, Albertville, R. F. D.
Elrod, Wm. Addison, mc univ of South 00, cb 01, Albertville.
Fennell, Robert Foster, mc Tulane 11, State Board 11, Guntersville.
Gillespie, William T., mc Chattanooga 98, cb 98, Boaz.
Hall, Wm. Presley, mc Atlanta 86, cb 86, Albertville.
Huckaby, William R., mc Birmingham 15, State Board 15, Guntersville.
Hughes, William L., mc univ Alabama 84, cb 86, Grassy.
Johnson, John Kemper, mc univ Nashville 84, cb DeKalb 85, Boaz.
Jordan, David Carnes, mc Memphis Hosp. 92, cb 92, Guntersville.
Lusk, Phocion B., mc Bellevue 91, cb 91, Guntersville.
Maples, John H., Old Law, cb 86, Guntersville, R. F. D.
Miller, Walter T., mc Birmingham 07, cb DeKalb 07, Albertville.
Morton, Davd A., mc Grant univ 96, cb 96, Boaz.
Noel, William E., mc Grant univ 99, cb 00, Boaz.
Sherman, James R., mc Georgia Eclectic 89, cb 89, Albertville.

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Thomas, John R., mc univ Nashville 02, cb 02, Albertville.
Thomason, James Henry, mc univ Tennessee 07, cb 07, Guntersville.
Walls, W. W., mc ...., cb ...., Grant.
Total, 21.

PHYSICIANS NOT MEMBERS.

Haden, Robt. Howell, mc univ Nashville 09, State Board 09, Guntersville.
Hinds, Montgomery L., mc Vanderbilt 91, cb Cullman 92, Arab.
Hinds, Wm. T., mc Alabama 90, Blount 90, Arab.
Horsley, Henry L., mc univ Nashville 04, cb 02, Boaz, R. F. D.
Hyatt, Ernest M., mc univ Alabama 11, State Board 11, Boaz, R. F. D.
Irvin, W. F., mc univ Louisville 83, cb 87, Albertville.
Total. 6.

Moved out of the county—H. G. Waddell; J. W. Snow, to Etowah county; M. G. Shipp, to Calhoun county; Curtis Johnson, to DeKalb county.

Died—W. L. Noel, November 23, 1916.

MOBILE COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, L. W. Roe, Mobile; Vice-President, J. O. Rush, Mobile; Secretary, W. W. Seales, Mobile; Treasurer, Eugene Thomas, Mobile; County Health Officer, P. J. M. Acker, Mobile; City Health Officers, Chas. A. Mohr, Mobile; Means Blewett, Citronelle. Censors—Daniel T. McCall, Chairman, Mobile; H. T. Inge, Mobile; J. J. Peterson, Mobile; Toulmin Gaines, Mobile; J. T. Inge, Mobile.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acker, Paul Jerome Morris, mc Alabama 92, cb 92, Mobile.
Agnew, James Howard, mc univ Michigan 10, State Board 14, Mobile.
Atkins, James D., mc univ Alabama 06, State Board 07, Mobile.
Bancroft, Marion Joseph, mc Alabama 99, cb Mobile 00, Mobile.
Baumhauer, Theodore Clergot, univ of Pennsylvania 03, cb 07, Mobile.

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Beck, Julius Edward, mc univ Alabama 12, State Board 12, Mobile.
Blewett, Means, mc univ Tennessee 91, cb Washington 95, Citronelle.
Bondurant, Eugene DuBose, mc univ Virginia 83, cb Hale 83, Mobile.
Campbell, Douglas Gwin, mc Alabama 96, cb Mobile 96, Mobile.
Cawthon, Edly W., mc univ Alabama 08, State Board 08, Plateau.
Cogburn, Harry Reginald, mc univ Alabama 13, State Board 13, Bayou La Batre.
Cole, Herbert P., mc Johns Hopkins univ 06, State Board 07, Mobile.
Crampton, Orson Lucius, mc Bellevue 65, cb Mobile 78, Mobile.
Dodson, James Horace, mc univ Alabama 14, State Board 14, Mobile.
Dodson, Robert Bruce, mc univ Alabama 13, State Board 13, Grand Bay.
Dreaper, Edward Bernard, mc univ Pennsylvania 07, State Board 09, Mobile.
Farish, Clarence E., mc univ Alabama 06, cb Mobile 06, Mobile.
Festorrazzi, Angelo, mc Alabama 87, cb Mobile 88, Mobile.
Fonde, Geo. Heustis, mc Alabama 97, cb Mobile 97, Mobile.
Frazer, Tucker Henderson, mc Alabama 88, cb Lee 88, Mobile.
Gaines, Marion Toulmin, mc Alabama 90, cb Mobile 92, Mobile.
Gaines, Vivian Pendleton, mc uiv of Alabama 72, P. & S. N. Y. 73, cb Choctaw 79, Mobile.
Gay, Nathaniel S., mc Alabama 00, cb Mobile 01, Whistler.
Glass, Parker Joseph, mc Alabama 84, cb Mobile 95, Mobile.
Haas, Toxey Daniel, mc univ Alabama 12, State Board 12, Mobile.
Hale, Stephen Fowler, mc Maryland 04, State Board 04, Mobile.
Henderson, William Thomas, mc Detroit 96, cb Mobile 97, Mobile.
Howard, Percy John, mc Alabama 96, cb Mobile 96, Mobile.
Inge, Francis Marion, mc Maryland 10, State Board 10, Mobile.
Inge, Harry Tutwiler, mc univ New York 83, cb Mobile 83, Mobile.
Inge, James Tunstall, mc univ New York 94, cb Mobile 95, Mobile.
Jackson, Wm Richard, mc Alabama 8, cb Mobile 88, Mobile.
Jones, Robert Clarence, mc Alabama 05, cb Mobile 05, Mobile.
Jones, William C, mc Alabama 07, State Board 07, Mobile.
Kilpatrick, George Carlton, mc Tulane 08, State Board 15, Mobile.
McCafferty, E. L., mc Atlanta P. & S. 02, cb Mobile 02, Mount Vernon.
McCall, Daniel T., mc Louisville 94, cb Choctaw 94, Mobile.
McGehee, Paul Duncan, mc univ Alabama 10, State Board 09, Mobile.
Maumenee, Alfred Edward, mc univ Alabama 05, cb Wilcox 05, Mobile.
Mohr, Charles A., mc Alabama 84, cb Mobile 92, Mobile.

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Newburn, George W., mc Alabama 07, cb Mobile 07, Prichard.
Newburn, Vaudy W., mc Alabama 01, State Board 01, Wilmer.
Oates, William Henry, mc Bellevue 98, cb 02, Mobile.
O'Gwynn, John Coleman, mc Tulane 92, cb Mobile 92, Mobile.
Owen, Calvin Norris, mc Alabama 88, cb Mobile 88, Mobile.
Peterson, James Jesse, mc Tulane 99, cb Lee 00, Mobile.
Perdue, William W., mc univ Alabama 08, State Board 07, Mobile.
Pugh, Sidney Stewart, mc Tulane 89, cb Clarke 89, Mobile.
Reaves, Jesse Ullman, mc Tulane 08, State Board 08, Mobile.
Roe, Lee Wright, mc Alabama 01, cb Mobile 01, Mobile.
Rush, John Osgood, mc univ Alabama 04, cb 05, Mobile.
Sanders, William Henry, mc Jefferson 61, cb Mobile 78, Montgomery.
Scales, Willis West, mc Alabama 96, cb Mobile 96, Mobile.
Schwartz, Joseph, mc Tulane 01, cb Marengo 01, Mobile.
Sledge, Edward Simmons, mc univ Pennsylvania 09, State Board 10, Mobile.
Terrill, Edward Chapin, mc univ Alabama 09, State Board 10, Mobile.
Thames, Eugene, mc univ Alabama 10, State Board 10, Mobile.
Walker, Howard J. S., mc Memphis Hosp. 13, State Board 14, Theodore.
Wilson, John M., mc Alabama 07, State Board 07, Mobile.
Winthrop, Gilman Joseph, mc Johns Hopkins 08, State Board 08, Mobile.
Wright, Ruffin A., mc univ Virginia 80, cb Sumter 89, Mobile.
Total, 61.

PHYSICIANS NOT MEMBERS.

Adams, John Thomas, mc univ Alabama 09, State Board.
Brewton, William B., mc Alabama 00, cb 02, Theodore.
Brown, Robert Dwight, mc Nat. Med. Union 97, State Board 06, Mobile.
Brown, William F., mc Leonard 05, State Board 05, Mobile.
Burkhalter, John T., U. S. P. H. S., Mobile.
Chapman, Chas. Edward, mc Alabama 00, cb Conecuh 02, Mobile.
Clarke, William Harvey, mc Alabama 94, State Board 94, Salco.
Conwell, Thomas Isaac, mc univ Nashville 03, cb Walker 04, Chickasaw.
Cowden, Arthur McCluney, mc univ Alabama 16, State Board 16, Mt. Vernon.

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Duffield, Alfred M. (Hom.), univ Boston 85, cb 85, Citronelle.
Duggar, Llewellyn Ludwig, mc Alabama 98, cb 99, Mobile.
England, John Tillman, mc Alabama 99, cb 99, Mobile.
Fort, Mannie A., mc Tulane 03, cb Limestone 04, Grand Bay.
Granberry, Joseph Langley, mc Louisville 91, cb ..... 91, Grand Bay.
Gray, Henry Warren, mc Kentucky School Med. 03, State Board 13, Oak Grove.
Hale, Wm. Alexander, mc Chattanooga 06, cb Mobile 06, Mobile.
Harris, Oliver Hood, mc Alabama 95, cb Mobile 96, Mobile.
Harris, Thos. Nathaniel, mc Meharry 99, State Board 99, Mobile.
Heard, W. L., mc univ Alabama 14, State Board 14, Mt. Vernon.
Hope, John C., mc Alabama 08, State Board 09, Mobile.
Inge, Richard, mc univ New York 71, cb Hale 78, Mobile.
Jeffries, Wm. Bennett, mc Washington univ Baltimore 76, cb Perry 77, Citronelle.
Jones, Paul Roy, cb Vanderbilt 98, cb Franklin 98, Whistler.
Kilpatrick, Rufus H., mc Alabama 88, cb Wilcox 88, Bayou La Batre.
Ligon, Ellen, mc American School of Osteopathy 00, State Board 00, Mobile.
Little, Otis W., mc univ Louisville, State Board 11, Mt. Vernon.
Long, Daniel J., mc univ Alabama 16, State Board 17, Prichard.
Mastin, Claudius H., mc Pennsylvania 84, cb 84, Mobile.
Mastin, Wm. McDowell, mc univ Pennsylvania 74, cb Mobile 74, Mobile.
McCrary, Drury O., mc Pulte 96, cb 97, Mobile.
Moorer, Monte Leroy, mc univ of Alabama 17, State Board 17, Mt. Vernon.
Myers, Augustus P., mc St. Louis Homeopathic 88, Old Law, Mobile.
Peters, Robert H., mc univ Alabama 94, cb 94, Mobile.
Peterson, Edward Ardis, mc Vanderbilt 02, cb Clarke 02, Mobile.
Reed, Jesse McCampbell, mc univ Alabama 14, State Board 14, Chunchula.
Roach, Alexander N. Talley, mc univ South 02, cb Perry 02, Mobile.
Roe, C. K., mc univ Kentucky 71, cb Mobile 06, Spring Hill.
Ross, Cecil H., mc univ Tennessee 16, State Board 16, Spring Hill.
Spottswood, Dillon J., mc Alabama 90, cb Mobile 92, Mobile.
Schwaemmle, Chas. H., mc Jefferson 90, cb Mobile 90, Mobile.
Sherard, Frank Ross, mc univ Pennsylvania 94, cb Mobile 94, Mobile.
Simington, Alfred Dennis (col.), mc Meharry 00, cb Perry 01, Mobile.
Ward, Alfred G., mc Alabama 94, cb Mobile 94, Mobile.

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Williams, Henry Roger, mc Meharry 00, cb Morgan 00, Mobile.
White, Meredith, mc American School Osteopathy 10, State Board 10, Mobile.
Total, 45.

Moved into the county—John C. Hope, from Sunny South to Mobile; J. L. Granberry, from Gilbert Town to Grand Bay; Thos I. Conwell, from Bessemer to Chickasaw; A. M. Cowden, to Mt. Vernon; M. L. Moorer, to Mt. Vernon.

Moved out of the county—N. A. Madler, from Mobile to Greeley, Col.; James M. Allison (col.); Thos. J. Bickley; Q. J. Brown, to Colorado; Robert C. Macy; A. E. Thayer; M. L. Goff, to St. Clair county.

Died—Joshua D. Terrill, October 9, 1917, of carcinoma of stomach.

MONROE COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, F. S. Dailey, Tunnel Springs; Vice-President, A. B. Coxwell, Monroeville; Secretary, W. T. Bayles, Monroeville; Treasurer, W. T. Boyles, Monroeville; County Health Officer, F. S. Dailey, Tunnel Springs; City Health Officers, A. B. Coxwell, Monroeville; S. B. McMillan, Roy; E. R. Cannon, Vredenburgh; W. A. Stallworth, Beatrice. Censors—J. W. Rutherford, Chairman, Franklin; G. H. Harper, Uriah; A. B. Coxwell, Monroeville; W. M. Hestle, Buena Vista; R. A. Smith, Franklin.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bayles, Willard T., mc Atlanta 02, cb 02, Monroeville.
Broughton, William Edward, mc Louisville 10, State Board 10, Perdue Hill.
Cannon, Edmund R., mc Alabama 05, cb 05, Vredenburgh.
Cole, David D., mc Alabama 97, cb 98, Eliska.
Coxwell, Alvin Bartley, mc Louisville 07, cb 07, Monroeville.
Dailey, Fleming Straughn, mc Alabama 71, cb 77, Tunnel Springs.
Dailey, John J., mc Alabama 06, cb 06, Tunnel Springs.
Dennis, Thos. Edmund, mc univ South 08, State Board 08, Monroeville.

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Harper, George H., mc Atlanta 02, cb 02, Uriob.
Hestle, William Monroe, mc Alabama 85, cb 88, Buena Vista.
Lyda, Henry M., mc Memphis Hosp. 05, cb Houston 05, Roy.
Mason, William Allen, mc Alabama 06, cb Conecuh 06, Excel.
McMillan, Samuel B., mc Atlanta P. & S. 02, cb 02, Roy.
Nettles, Daniel R., mc Alabama 01, cb 01, Peterman.
Rutherford, James Wallace, mc Alabama 93, cb 93, Franklin.
Roberts, James W., mc Memphis 07, cb 07, Pine Apple, R. F. D. No. 1.
Smith, Rayford Agee, mc univ Alabama 12, State Board 13, Wainwright.
Stallworth, William Allen, mc Alabama 93, cb 93, Beatrice.
Watkins, Clarence C., mc Alabama 11, State Board 11, Pine Apple.
Total, 19.

HONORARY MEMBERS.

Hestle, James Jackson, mc Atlanta Dental 08, State Board 06, Monroeville.
Johnson, John M., mc Southern Dental 00, State Board 00, Franklin.
Rikard, Lawrence W., mc Southern Dental 06, State Board, Peterman.
Watson, George Curtis, mc Atlanta Dental 05, State Board 05, Monroeville.
Yarbrough, Sam'l S., mc Atlanta Dental 15, State Board 15, Monroeville.
Total, 5.

PHYSICIANS NOT MEMBERS.

Bryars, Floyd, mc Alabama 05, cb Baldwin 05, Eliska.
Busey, John Franklin, mc Alabama 94, cb 94, Roy.
Caine, Vaughn Holmes, mc Alabama 92, cb Perry 92, Nadawah.
Cammack, Kossuth R., mc Alabama 13, State Board 14, Mous.
Cobb, Wm. Floyd, mc Vanderbilt 95, cb Clarke 95, Roy.
Gilliard, Geo. W., mc Louisville 82, cb 82, Perdue Hill.
Gilliard, Sam S., mc Alabama 10, State Board 10, Perdue Hill.
Justice, Frank O., univ of Alabama 07, cb Geneva 07, Jeddo.
Stacy, Andrew George, mc Ky. Sch. Med. 05, cb 06, Skinnerton.
Total, 9.

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MONTGOMERY COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, C. H. Rice, Montgomery; Vice-President, W. W. McGehee, Montgomery; Secretary, Paul S. Mertins, Montgomery; Treasurer, F. C. Stevenson, Montgomery; County Health Officer, Robert Goldthwaite, Montgomery; City Health Officer, C. G. Laslie, Montgomery. Censors—F. C. Stevenson, Chairman, Montgomery; I. L. Watkins, Montgomery; Fred Wilkerson, Montgomery; H. B. Wilkinson, Montgomery; C. T. Pollard, Montgomery.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Anderson, Benj. F., mc Alabama 08, State Board 09, Montgomery, R. F. D. No. 3.

Anderson, John Mordecai, mc univ New York 91, cb 91, Montgomery

Andrews, Glenn, mc univ New York 86, cb 86, Montgomery.

Arms, Burdett Loomis, mc univ Vermont 05, State Board 16, Montgomery.

Baker, James Norment, univ Virginia 98, cb 00, Montgomery.

Baldwin, Benj. James, mc Bellevue Hospital 77, cb 83, Montgomery.

Billing, Samuel Aydellotte, mc Bellevue Hospital 97, cb 97, Montgomery.

Blue, John Howard, Col. P. & S. New York 01, State Board 01, Montgomery.

Boswell, Frederick Page, mc Alabama 13, State Board 14, Montgomery.

Boyd, Lynn Matthews, mc Alabama 01, cb Macon 01, Montgomery.

Burke, Rush Pearson, mc P. & S. New York 08, State Board 10, Montgomery.

Centerfit, Samuel Early, univ New York 98, State Board 99, Montgomery.

Chapman, Benjamin Sidney, mc univ New York 92, cb 92, Montgomery.

Cowles, A. D., mc Alabama 11, State Board 11, Ramer.

Dark, Virgil, mc Tulane 11, State Board 12, Montgomery.

Dawson, Harris Pickens, mc Tulane 10, State Board 09, Montgomery.

Dennis, Andrew J. L., mc Atlanta Southern 90, cb Chilton 94, Montgomery.

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Dennis, George A., mc Atlanta Southern 93, cb Autauga 93, Montgomery.

Dinsmore, William Wert, Johns Hopkins univ 07, cb Morgan 07, Montgomery.

Gaston, Joseph Lucius, mc P. & S. New York 85, cb 88, Montgomery.

Goldthwaite, Robert, mc Bellevue Hospital 93, cb 93, Montgomery.

Greil, Gaston J., mc P. & S. New York 01, State Board 02, Montgomery.

Haigler, James Robert, mc Alabama 97, State Board 97, Montgomery.

Hill, Luther Leonidas, mc univ New York 81, cb Jefferson 81, Montgomery.

Hill, Robert Somerville, mc univ New York 91, cb 91, Montgomery.

Hubbard, Thomas Brannon, mc P. & S. New York 10, State Board 12, Montgomery.

Kirkpatrick, Milton Barnes, mc Tulane 96, cb Crenshaw 96, Montgomery.

Laslie, Carney G., mc Baltimore 03, cb Macon 03, Montgomery.

Law, Wm. Lamar, mc Tulane 94, cb Dallas 94, Montgomery.

Lay, Harry Toulmin, mc univ Virginia 04, State Board 04, Montgomery.

Marks, Chas. L., mc univ Virginia 06, cb 06, Montgomery.

Mertins, Paul Stearns, mc Harvard 00, cb Conecuh 01, Montgomery.

Milligan, Rufus Lee, mc Nashville 03, cb Cullman 03, Montgomery.

Montgomery, Arthur Hugh, mc Atlanta 98, cb 98, Montgomery.

Mount, Bernard, mc Tulane 00, State Board 06, Montgomery.

McCall, Julius Watkins, mc Tulane 15, State Board 16, Montgomery.

McConnico, Frank Hawthorne, mc Tulane 99, cb Wilcox 99, Montgomery.

McGehee, William Wallace, mc Alabama 07, State Board 08, Montgomery.

Perry, Henry Gaither, mc Georgia Eclectic 88, cb Butler 88, Montgomery.

Persons, Henry Stanford, mc univ Virginia 93, cb Lee 94, Montgomery.

Pollard, Chas. Teed, mc Tulane 97, cb 97, Montgomery.

Reynolds, Gibson, mc P. & S. New York 01, State Board 01, Montgomery.

Rice, Clark Hilton, mc Tulane 03, State Board 14, Montgomery.

Robinson, Louis Dominick, mc Tulane 96, cb 96, Montgomery.

Rushing, Thomas Elbert, mc Alabama 90, cb 91, Pike Road.

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Salter, Paul Pullen, mc Tulane 16, State Board 16, Montgomery.
Sellers, Wilbur Allen, mc Alabama 04, cb Bullock 04, Montgomery.
Snow, Jno. L., mc Alabama 91, cb Lowndes 91, Montgomery.
Smith, Boylston Dandridge, mc Baltimore 13, State Board 14, Montgomery.
Smith, James Lee, mc Atlanta P. & S. 10, State Board 10, Montgomery, Route 2.
Steiner, Samuel Jackson, mc Vanderbilt 78, cb Butler 79, Montgomery.
Stevenson, Forney Caldwell, mc P. & S. New York 93, cb Calhoun 93, Montgomery.
Stough, Thos. Jefferson, mc univ Tennessee 93, cb Crenshaw 93, Montgomery.
Stough, Wm. Vesta, mc Alabama 07, cb 07, Montgomery.
Suggs, Samuel D., mc Alabama 05, cb 05, Montgomery.
Thigpen, Charles Alston, mc Tulane 88, cb Butler 88, Montgomery.
Thigpen, Francis Marion, mc Tulane 91, cb Butler 91, Montgomery.
Thigpen, Wm Gray, mc Tulane 01, cb 01, Montgomery.
Thorington, Thos. Chilton, mc Tulane 94, cb 94, Montgomery.
Waller, George Platt, mc univ New York 92, cb 92, Montgomery.
Watkins, Isaac LaFayette, mc Bellevue 78, cb Bullock 86, Montgomery.
Westcott, Wm. B., mc P. & S. New York 02, State Board 02, Montgomery.
Wilkerson, Fred Wooten, mc P. & S. New York 09, State Board 09, Montgomery.
Wilkinson, Henry B., mc univ Virginia 94, cb Tuscaloosa 96, Montgomery.
Wood, Milton Legrand, mc Bellevue 77, cb 84, Montgomery.
Total, 65.

PHYSICIANS NOT MEMBERS.

Adair, Roman T. (col.), mc Am. Mission 10, State Board 11, Montgomery.
Athey, Clanton Ray, mc Alabama 10, State Board 10, Ramer.
Barton, Jno. F., ng, State Board 03, Montgomery.
Broach, N. L., mc ...., cb ...., Pine Level.
Buchannan, Jno. P., mc univ of Alabama 92, cb Butler 92, Montgomery.

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Calloway, James Wesley, mc Vanderbilt 82, cb Butler 82, Snowdoun.

Caffey, Frank C. (col.), mc Meharry 99, cb Russell 99, Montgomery.

DeRamus, Jas. A. (col.), mc Meharry 11, State Board 12, Montgomery.

Duncan, Thomas, mc Alabama 92, cb 92, Sellers, R. F. D.

Dungee, Alfred C. (col.), mc Howard 87, State Board 91, Montgomery.

Durden, John Decatur, mc univ Alabama 17, State Board 17, Montgomery.

Eubanks, Schuyler C., mc Alabama 02, cb Covington 02, Mt. Meigs.

Gallion, Thos. Travis, mc Louisville 95, cb Marengo 95, Montgomery.

Garrett, Richard H. L., mc Maryland 02, cb Lowndes 02, Sellers.

Kendrick, Wm. Toulmin, mc Atlanta 76, cb Butler 78, Montgomery.

Macon, J. C., mc Bellevue 81, cb 81, Snowdoun.

Mason, Joseph Crump, mc Bellevue 81, cb 81, Snowdoun.

McCrummin, Norman H., mc Vanderbilt 84, cb Montgomery 85, Montgomery.

McLean, Jas. Neil, mc Tulane 98, cb Lowndes 99, Hope Hull.

Meriwether, Thomas, mc Alabama 09, State Board 14, Pike Road.

Northhcross, David C. (col.), mc P. & S. Chi. 66, State Board 06, Montgomery.

Northcross, Daisy L. (col.), mc Dennis 13, State Board 14, Montgomery.

Naftel, St. John, mc Vanderbilt 80, cb 81, LaPine.

Pearson, Coleman Ferrell, mc Alabama 00, cb 00, Montgomery.

Poole, G. B., univ Tennessee 10, State Board 11, Sellers, R. F. D.

Purifoy, J. H., mc Reform Medical 57, Old Law, Montgomery.

Rankin, Wm. R., mc Atlanta P. & S. 01, cb Limestone 01, Montgomery.

Sankey, George L., mc Louisville 76, cb 78, Snowdoun.

Sanderson, J. L., mc Alabama, cb Jefferson 87, Montgomery.

Scott, David H. C. (col.), mc Meharry 95, cb Jefferson 95, Montgomery.

Scott, Andrew L., mc Barnes 96, cb Jefferson 96, Montgomery.

Scott, Jephtha N., mc Alabama 87, cb Jefferson 87, Montgomery.

Shackelford, Frank., mc Alabama 98, cb Lowndes 98, Hope Hull.

Tankersley, William, mc univ Kentucky 06, cb Crenshaw 06, Hope Hull.

Thompkins, Lucien Montague, mc Tennessee 11, State Board 11, Fitzpatrick.

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Van Pelt, George W., mc Louisville 70, cb —, Montgomery.
Washington, Wm. (col.), mc Meharry 06, cb Lowndes 06, Montgomery.
Wilson, Cato H., mc Meharry 99, cb 99, Montgomery.
Total, 38.

Moved into the county—Virgil Dark, from Elmore county.

Moved out of the county—Burdett Loomis Arms, to Florida, State Bacteriologist; Howard Priest, to U. S. Navy; K. B. Williams, to Geneva county.

MORGAN COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, H. D. Greer, Decatur; Secretary, A. M. White, Hartselle; Treasurer, A. M. White, Hartselle; County Health Officer, M. W. Murray, Albany; City Health Officers, J. W. Crow, Albany; W. C. Bailey, Decatur; R. B. Sherrill, Hartselle; H. D. Greer, Fairview; H. T. Bracken, Austinville; Frank Emens, Trinity; T. B. Brindley, Somerville. Censors—F. L. Chenault, Chairman, Albany; W. M. Dinsmore, Decatur; J. W. Crow, Albany; R. B. Sherrill, Hartselle; T. J. Russell, Somerville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bailey, Wm. Clifford, univ Alabama 06, Dallas cb 06, Decatur.
Booth, William M., mc Vanderbilt 02, cb Limestone 03, Hartsells.
Bracken, Henry Thomas, univ Nashville 73, cb Lawrence 74, Albany,.
Brindley, T. B , mc Georgia Eclectic 91, cb 00, Hartsells, R. F. D.
Buchanan, Roy M., mc univ Tennessee 00, cb Madison 00, Albany.
Burch, John T., mc Birmingham 06, Lawrence 06, Danville.
Carswell, Fontaine L., mc George Washington 06, cb 07, Decatur.
Chenault, Calvin Sidney, mc Birmingham 97, cb Lawrence 97, Albany.
Chenault, Frank L., mc Birmingham 04, cb Lawrence 04, Albany.
Crow, J. W., mc Chattanooga 05, cb 05, Albany.
Dinsmore, Wm. M., mc Birmingham 09, State Board 09, Albany,.
Emens, Frank, mc Louisville Hosp. Col. Med. 98, cb 98, Trinity.
Emens, William, mc Louisville 05, cb 05, Trinity.
Grayson, Ambrose Tilden, mc Chattanooga 06, State Board 06, Albany.

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Greer, Hugh Dixon, mc Birmingham 10, State Board 10, Decatur.
Gunter, Joseph Leon, mc Memphis Hosp. 94, cb Pickens 94, Albany.
Hunter, Felix B., mc Vanderbilt 81, cb 81, Falkville.
Lovelady, Wm. H., mc Alabama 97, cb 97, Falkville.
Murray, Michael Wm., mc McGill univ 90, cb 90, Albany.
McRee, Hugh Clark, mc univ Nashville 98, State Board 02, Hartsells.
Petty, Frank Paul, mc Vanderbilt 92, cb Limestone 92, Albany.
Roan, Avery M., mc Chicago P. & S. 14, State Board 14, Joppa.
Russell, Thomas Jackson, mc univ Alabama 04, cb 04, Somerville.
Sherrill, Richard Byrd, mc Alabama 90, cb 94, Hartsells.
Sherrill, John Doke, mc Birmingham 15, State Board 17, Hartsells.
Stringer, Wm. Lowe, mc Chattanooga 04, cb 04, Falkville.
Watson, Wm. Henry, mc Louisville 94, cb 03, Decatur.
White, Arthur Marion, mc Birmingham 09, State Board 10, Hartsells.
Total, 28.

PHYSICIANS NOT MEMBERS.

Cashin, Newlyn E. (col.), mc Howard 08, State Board 08, Decatur.
Darden, Deo. V., mc Meharry 13, State Board 14, Decatur.
Griffith, A. L., mc Birmingham 10 (Illegal), Somerville, Route 4.
Peck, Cicero Fain, mc Memphis Hosp. 90, cb 90, Somerville.
Sherrill, J. Homer, mc Chattanooga 04, cb 04, Albany.
Sterrs, Willis Edward (col.), mc univ Michigan 88, cb Montgomery 88, Decatur.
Turney, Joseph Simpson, mc Vanderbilt 82, cb 82, Hartsells.
Wilhite, S. M., mc Memphis Hosp. 91, cb 91, Falkville.
Wilson, Abel R., mc Alabama 85, cb Lawrence 85, Hartsells.
Total, 9.

Moved into the county—G. R. Sullivan, from Madison to Albany.

Moved out of the county—A. R. Haysfield, to Sheffield; W. H. Greer, to Sheffield; David F. Dinsmore, to Tuscumbia; William Lewis, to Tuscumbia; John B. Shelton, to Mooresville, Limestone county; C. W. Price, Wichata, Kansas.

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PERRY COUNTY MEDICAL SOCIETY—Montgomery, 1875.

OFFICERS.

President, S. A. Gordon, Marion; Vice-President, R. C. Hanna, Marion; Secretary, J. B. Hatchette, Marion; Treasurer, J. B. Hatchette, Marion; County Health Officer, C. B. Robinson, Marion; City Health Officer, C. B. Robinson, Marion. Censors—J. B. Hatchette, Chairman, Marion; F. T. James, Uniontown; R. C. Hanna, Marion; Edward Swann, Marion; C. B. Robinson, Marion.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Coleman, Solon L., mc Tulane 98, cb Marengo 99, Uniontown.

Downey, Wm. Thomas, mc univ Louisville 70, cb Hale 70, Marion, R. F. D. No. 3.

Fuller, Emmett Lee, mc univ Alabama 00, cb Dallas 01, Perryville.

Gordon, Samuel A., mc Alabama 95, cb Lowndes 95, Marion.

Hanna, Robert Cunningham, mc Louisville Hosp. Col. Med. 02, cb 02, Marion.

Hatchette, James Benton, mc Vanderbilt 90, cb Limestone 90, Marion.

James, Francis T., mc Vanderbilt 07, State Board 07, Uniontown.

Pryor, Robert B., mc Tulane 05, cb Dallas 06, Sprott.

Robinson, Cornelius B., mc Louisville 92, cb Lowndes 92, Marion.

Swann, Edward, mc Kentucky Sch. of Med. 95, cb 95, Marion.

Total, 10.

PHYSICIANS NOT MEMBERS.

Jones, Thomas J., mc Birmingham 15, State Board 18, Morgan Springs.

Mason, David Adams, mc Maryland 04, cb Chilton 04, Felix.

Stewart, Chas. Jefferson, mc Alabama 94, cb Bibb 94, Heiberger, R. F. D.

Tucker, James Buchanan, mc Vanderbilt 79, cb 79, Heiberger, R. F. D.

White, Phillip Henry (col.), mc Ill. Med. Col. 04, State Board 04, Uniontown.

Total, 5.

Moved into the county—T. J. Jones, first location; D. A. Mason, from Stanton, Chilton county, to Felix.

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PICKENS COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President—Chas. M. Murphy, Aliceville; Vice-President, C. B. Lavender, Reform; Secretary, E. B. Durrett, Carrollton; Treasurer, E. B. Durrett, Carrollton; County Health Officer, E. B. Durrett, Carrollton; City Health Officers, E. A. Snoddy, Aliceville; E. B. Durrett, Carrollton; C. B. Lavender, Reform; L. C. Davis, Gordo; D. W. Gass, Pickensville. Censors—D. W. Gass, Chairman, Pickensville; W. L. Dodson, Reform; Chas. M. Murphy, Aliceville; S. H. Hill, Carrollton; Victor Savage, Reform, Route 3.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bell, Wm. Stillman, mc univ Alabama 06, cb 06, Gordo.

Davis, John Lewis, mc Vanderbilt 91, cb Tuscaloosa 91, Gordo.

Davis, Lewis Clifton, mc Atlanta 15, State Board 15, Gordo.

Dodson, Walter Lee, mc univ Alabama 06, cb 06, Reform.

Duncan, William Wallace, mc Birmingham 00, cb Fayette 00, Gordo, R. F. D. 3.

Durrett, Ebb Browne, mc univ Alabama 12, State Board 12, Carrollton.

Gass, Wm. David, mc Birmingham 99, cb 99, Pickensville.

Hill, Edward Pickett, mc univ Alabama 01, cb 01, McShan.

Hill, Hugh Wilson, mc univ Alabama 04, cb 04, Carrollton.

Hill, Samuel Henry, mc univ Louisville 70, cb Tuscaloosa 78, Carrollton.

Kilpatrick, Louie A., mc Birmingham 09, State Board 09, Carrollton.

Kirk, Albert Thomas, mc Memphis Hospital 02, cb 02, Gordo, R. F. D. No. 2.

Kirk, Arthur A., mc univ Alabama 97, cb 97, Carrollton.

Lavender, Claud B., mc Memphis Hosp. 08, State Board 09, Reform.

Murphy, Chas. M., mc Birmingham 98, cb Greene 98, Aliceville.

McClellan, Thomas Roy, mc Memphis Hosp. 03, cb 03, Aliceville.

Price, Albert Bascom, mc Alabama 98, cb 99, Gordo.

Savage, Victor, mc Vanderbilt 89, cb Fayette 89, Reform, R. 3.

Shackleford, Walter Lee, mc Memphis 13, State Board 08, Gordo, Route 1.

Snoddy, Ephriam Alex, mc Alabama 97, cb Lamar 97, Aliceville.

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Spruill, George Edward, mc Memphis Hosp. 01, cb 02, Ethelsville, R. F. D. No. 1.

Stokes, William T., mc univ Alabama 08, State Board 10, Ethelsville.

Upchurch, Harvey B., mc Alabama 92, cb 92, Carrollton.

Whiteside, Hamlin B., mc univ Alabama 10, State Board 10, Lathrop.

Wimberly, Gilbert B., mc Alabama 92, cb Lamar 92, Reform.

Total, 25.

PHYSICIANS NOT MEMBERS.

Agnew, James Alexander, mc Alabama 74, cb 78, Ethelsville, R. F. D. No. 1.

Clarke, Samuel, mc ...., cb ...., Dancy.

Cook, T. H. G., mc ...., cb ...., Cochrane.

Duncan, John Francis, mc Alabama 74, cb 78, McShan.

Jones, Lee G., mc Ga. 96, illegal, Aliceville.

Moody, Joseph, mc Kentucky 71, cb 78, Aliceville.

Total, 6.

Moved into the county—Arthur A. Kirk, from Northport, Tuscaloosa county to Carrollton; Louie A. Kilpatrick, from Etowah county to Carrollton.

Moved out of the county—Audiss M. Walker, from Carrollton to Sheffield, Colbert county; R. E. L. Smothers, from Dancy to Millport, Lamar county; T. L. Zuber, from Carrollton to Mississippi.

PIKE COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, C. P. McEachern, Banks; Vice-President, H. S. Stallings, Troy; Secretary, W. H. Minchener, Troy; Treasurer, E. G. Ford, Troy; County Health Officer, W. S. Sanders, Troy; City Health Officer, L. R. Boyd, Troy. Censors—J. S. Beard, Chairman, Troy; C. P. McEachern, Banks; J. M. Watkins, Troy; W. B. Sanders, Troy; J. W. Robertson, Brundidge.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bean, James Frank, mc Tulane 10, State Board 10, Brundidge.

Beard, James Wiley, mc Tulane 13, State Board 14, Troy.

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Beard, Josephus Simmons, mc univ New York 76, cb 79, Troy.
Beard, Robert Briggs, mc Tulane 14, State Board 14, Troy.
Boyd, Lee Roy, mc Alabama 87, cb 87, Troy.
Broach, Francis Morris, mc Atlanta 90, cb 90, Ansley.
Brown, Pugh Ulpian, mc Tulane 95, cb 95, Troy.
Crowder, John Wade, mc univ of South 04, cb 08, Linwood.
Dickinson, Robert Chas., mc Memphis Hosp. 01, cb 01, Brundidge.
Edge, Oscar Nelson, mc Atlanta Sch. Med. 10, State Board 10, Troy, R. F. D. No. 2.
Ford, Elchana Gardner, ng, cb 78, Troy.
Grant, Chas. A., mc Nashville 08, State Board 12, Linwood, Route 1.
Johnston, John David, mc P. & S. Atlanta 00, cb 01, Brundidge, R. F. D. 1.
Kyzar, J. Hugh, mc Tulane 13, State Board 13, Goshen.
Loflen, Daniel Thos., mc Alabama 97, cb Coffee 97, Troy, R. F. D. 2.
McEachern, Conley Pinkney, mc Alabama 96, cb 96, Banks.
McKnight, Thos. D., mc univ Birmingham 12, State Board 14, Brundidge.
Minchener, Will Henry, mc Baltimore 05, cb Pike 05, Troy.
Reynolds, Grover C., mc Tulane 11, State Board 11, Brundidge.
Robertson, James Wiley, mc Alabama 93, cb 93, Brundidge.
Sanders, J. Gillis, mc Tulane 14, State Board 14, Troy.
Sanders, William Bryan, mc Atlanta Southern 85, cb 85, Troy.
Sanders, William Shelby, mc Vanderbilt 92, cb 92, Troy.
Stallings, Homer Sylvanus, mc P. & S. Atlanta 02, cb 02, Troy.
Watkins, James Monroe, mc Vanderbilt 04, cb 94, Troy.
Weedon, Hamilton Moore, Alabama 91, cb Barbour 91, Troy.
Total, 26.

PHYSICIANS NOT MEMBERS.

Bean, James Monroe, mc Tulane 76, cb 83, Banks, Route 1.
Brewer, James A. (col.), Leonard 09, State Board 09, Troy.
Dennis, Solomon H., mc univ Graffenberg 58, cb 78, Ansley, R. F. D.
Ennis, Sam'l B., mc Meharry 05, State Board 05, Troy.
Reynolds, Jas. W., mc Alabama 85, cb 86, Brundidge.
Salter, Ernest F., univ of Tennessee 98, cb 98, Perote, R. F. D.
Watson, Huey, mc Alabma 08, State Board 08, Banks.
Total, 7.

Moved out of county—H. D. Loflin, to Enterprise, Coffee county.

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RANDOLPH COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, J. C. Swann, Wedowee; Vice-President, J. M. Welch, Wadley; Secretary, W. W. Stevenson, Roanoke; Treasurer, W. W. Stevenson, Roanoke; County Health Officer, H. B. Disharoon, Roanoke; City Health Officers, J. P. Liles, Roanoke; T. H. Denny, Wadley, F. R. Mashburn, Wedowee. Censors—J. M. Welch, Chairman, Wadley; H. B. Disharoon, Roanoke; W. W. Stevenson, Roanoke; C. E. Ford, Roanoke; J. C. Swann, Wedowee.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bonner, Wm. Wallace, mc Atlanta Southern 92, cb 92, Rock Mills.
Clardy, Andrew Jackson, mc Chattanooga 00, cb Clay 01, Wadley.
Disharoon, Henry Beauregard, mc P. & S., Baltimore 85, cb 85, Roanoke.
Denny, Thomas H., mc Atlanta 15, State Board 15, Wadley.
Ford, Chas. Edward, mc Atlanta 14, State Board 14, Roanoke.
Gay, Andrew Jackson, mc Chicago M. & S. 13, State Board 14, Roanoke.
Gross, Chas. M., mc univ Alabama 08, State Board 08, Wedowee, R. F. D.
Hood, Joseph Robertson, mc Oglethorpe Savannah 57, cb 85, Wedowee.
Hooper, John W., mc Jefferson 84, cb Tallapoosa 84, Roanoke.
Liles, John P., mc Birmingham 98, cb Chambers 98, Roanoke.
Lovvorn, Robert C., mc Atlanta 12, State Board 12, Newell.
Mashburn, Fred Ross, mc Atlanta Southern 11, State Board 12, Wedowee.
Stevenson, Wm. Worth, mc univ Alabama 03, cb 03, Roanoke.
Striplin, John Thomas, mc univ Georgia 99, cb 99, Roanoke.
Swann, Joseph C., mc Atlanta 90, cb Randolph 90, Wedowee.
Welch, James Madison, mc Sou. Med. Atlanta 97, cb 97, Wadley.
Total, 16.

PHYSICIANS NOT MEMBERS.

Gauntt, Elbert Tillman, mc Atlanta 76, cb 84, Lineville, R. F. D.
Haynes, Robert C., mc Chattanooga 06, cb 07, Graham.

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Jordan, Chas. C., mc Atlanta Southern 84, cb Randolph 97, Malone.
Taylor, Jas. Rachford, mc Atlanta 98, cb 98, Wedowee, Route 2.
Traylor, George Washington, mc univ Georgia 91, cb 94, Lamar.
Trent, P. Glover, mc Atlanta 88, cb 88, Roanoke.
Wright, Columbus B., mc Atlanta 98, cb 98, Wedowee.
Total, 7.

RUSSELL COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, Jas. M. Carey, Opelika, R. F. D.; Vice-President, A. R. Allen, Fort Mitchell; Secretary, J. W. Mehaffey, Girard, R. F. D.; Treasurer, J. W. Mehaffey, Girard, R. F. D.; County Health Officer, R. F. Elrod, Girard; City Health Officers, R. C. Prather, Girard; W. B. Hendrick, Hurtsboro. Censors—R. F. Elrod, Chairman, Girard; F. G. Hendrick, Hurtsboro; R. B. McCann, Seale; John Prather, Seale.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Arthur Redding, mc Atlanta 97, cb 98, Fort Mitchell, R. F. D.
Carey, James M., mc Hosp. Col. of Med. Louisville 06, cb 07, Opelika, R. F. D. (Marvyn.)
Elrod, Robert Franklin, mc Chattanooga 05, cb 05, Girard.
Hendrick, Frank Gustavus, mc univ Louisville 94, cb Pike 94, Hurtsboro.
Hendrick, Walter Branham, mc univ Louisville 90, cb Pike 90, Hurtsboro.
Joiner, Wm. Thomas, mc Atlanta 91, cb 91, Pittsview.
McCann, Richard Bennett, mc Atlanta 11, State Board 11, Seale.
Mehaffey, Jonathan W., mc Birmingham 13, State Board 13, Girard, R. F. D. No. 1.
Prather, John, mc univ Alabama 09, State Board 09, Seale.
Prather, Robert Clark, mc Alabama 98, cb 98, Girard.
Williams, Ralph Chester, mc univ Alabama 10, State Board 10, Hatchechubbee, U. S. P. H. S., Washington, D. C.
Total, 11.

HONORARY MEMBER.

Phillips, Lovick Wynn, mc Tulane 61, cb 81, Opelika, R. F. D., Crawford.

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PHYSICIANS NOT MEMBERS.

Morgan, D. E., illegal, Girard.
Norris, John Pinkeny, mc Atlanta 91, cb 91, Girard.
Paschal, Geo. D., mc univ New York 74, cb 88, Hurtsboro.
Total, 8.

Moved out of the county—L. M. Hand, from Hurtsboro to Demopolis, Marengo county.

Died—W. B. Prather, Seale, of paralysis.

ST. CLAIR COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, W. F. Vandergrift, Branchville; Vice-President, B. M. Clayton, Springville; Secretary, R. L. McLellan, Easonville; Treasurer, R. L. McLellan, Easonville; County Health Officer, J. T. Roberson, Seddon; City Health Officers, W. A. Beason, Ashville; R. A. Martin, Pell City; J. T. Brown, Ragland; J. L. Jordan, Ashville; J. G. Wilbanks, Odenville; B. M. Clayton, Springville; J. T. Roberson, Riverside. Censors—W. F. Vandergrift, Chairman, Branchville; E. C. Clayton, Acmar; J. L. Jordan, Ashville; J. G. Wilbanks, Odenville; J. T. Brown, Ragland.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Beason, William A., mc P. & S. Baltimore 93, cb 93, Asheville.
Boozer, David Thomas, mc Atlanta 14, State Board 15, Coal City.
Brown, Jackson Tucker, mc Birmingham 97, cb 98, Ragland.
Burwell, Howard B., mc Jefferson 04, cb Bibb 05, Margaret.
Cason, Davis Elmore, mc univ Nashville 70, cb 78, Odenville.
Clayton, Bonnar M., mc Chattanooga 08, State Board 08, Springville.
Clayton, Edward C., mc Birmingham 10, State Board 10, Acmar.
Cooke, William P., mc univ of South 00, cb 07, Odenville.
Dunlap, Perry G., mc Vanderbilt 81, cb 81, Eden.
Hamilton, Walter F., mc Birmingham 07, State Board 13, Pell City.
Jordan, James Lafayette, mc Birmingham 11, State Board 12, Ashville.
Martin, Robert A., mc Vanderbilt 01, cb 01, Pell City.

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McClellan, Robert Lee, mc Alabama 97, cb 97, Easonville.
Merriam, Sidney A., mc univ Nashville 11, State Board 15, Steele.
Roberson, John T., mc Birmingham 03, cb 03, Sedden.
Turner, James Perry, mc Birmingham 00, cb 00, Cropwell.
Vandergrift, Washington Frank, mc Tulane 80, cb 80, Branchville.
Wilbanks, J. G., mc Birmingham 13, State Board 13, Odenville.
Wood, James W., mc P. & S. Atlanta 97, cb Clay 97, Springville.
Total, 19.

PHYSICIANS NOT MEMBERS.

Goff, McInnis Lamar, mc univ Alabama 12, State Board 13, Pell City.
Gramling, A. B., mc Maryland 04, cb Etowah 04, Steele.
Gray, Jesse Olonzo, mc Sou. Med. Atlanta 93, cb Clay 94, Pell City.
Jones, James H., mc Georgia Eclectic 65, Old Law, Ragland.
Laney, Marcus W., mc Vanderbilt 93, cb 00, Eden.
Smart, Benjamin F., mc Birmingham 15, State Board 16, Odenville.
Total, 6.

Moved into the county—M. L. Goff, from Mobile county to Pell City.

Moved out of the county—George B. Scott, to Jefferson county.

SHELBY COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, Samuel D. Motley, Calera; Vice-President, James S. Moore, Columbiana; Secretary, T. E. Reeves, Wilsonville; Treasurer, T. E. Reeves, Wilsonville; County Health Officer, C. T. Acker, Montevallo. Censors—J. S. Moore, Chairman, Columbiana; E. G. Givhan, Montevallo; Joel Chandler, Columbiana; Thos. H. Payne, Saginaw; J. I. Reid, Montevallo.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Acker, Charles Thomas, mc Birmingham 00, cb 00, Montevallo.
Bains, Richard C., mc Birmingham 98, cb St. Clair 07, Siluria.
Chandler, Joel C., mc univ of South 08, cb Etowah 09, Columbiana.
Cunningham, Horace L., mc Vanderbilt 10, State Board 10, Acton.

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Embry, Jerre Carl, mc Atlanta 89, cb St. Clair 89, Vincent.
Givhan, Edgar Gilmore, mc Alabama 94, cb Chilton 94, Montevallo.
Moore, James S., mc P. & S. Baltimore 93, cb Jefferson 93, Columbiana.
Motley, Samuel Dennis, mc Kentucky 03, cb Tallapoosa 03, Calera.
Peck, Willena A., mc Woman's College of Baltimore 00, State Board 15, Montevallo.
Reid, John Inzer, mc univ Nashville 06, cb Blount 06, Montevallo.
Smith, Thomas O., mc univ Nashville, ng, cb Bibb 07, Wilsonville.
Reeves, Thos. E., mc univ South 06, cb Clay 06, Wilsonville.
Trucks, James F., mc Tulane 07, State Board 06, Helena.
Williams, John Hartford, mc univ Louisville 75, cb 78, Columbiana.
Total, 14.

PHYSICIANS NOT MEMBERS.

Acker, J. W., Old Law, cb Tuscaloosa 78, Montevallo.
Arthur, J. W., ng. (illegal), Chelsea.
Atkins, James Marion, mc univ of South 06, cb Marengo 06, Calera.
Boyer, Joseph B., mc Louisville 92, cb 92, Wilsonville.
Hays, William A., mc Alabama 87, cb 87, Helena.
Hayes, Robert B., mc Birmingham 13, State Board 13, Helena.
Hudnall, James Roy, mc Birmingham 13, State Board 14, Maylene, R. F. D.
Jones, Clyde White, mc Alabama 12, State Board 12, Boothton.
Lawley, A. J., ng., (illegal), Sterretts.
Lane, Henry Basom, mc Atlanta 95, cb Marion 95, Chelsea.
Payne, Thos. Henry, mc Alabama 96, cb 96, Saginaw.
Pow, John Robert, mc univ South 03, cb St. Clair 03, Maylene.
Pugh, Braxton B., mc Mobile 89, cb Clarke 89, Pelham.
Rowe, Alex T., mc univ Georgia 59, cb Lee 78, Columbiana.
Snow, John Webster, mc Birmingham 09, State Board 09, Shelby.
Ware, John Benjamin, ng, cb Clay 88, Vandiver.
Total, 16.

Moved into the county—John Webster Snow, from Etowah county to Shelby.

Moved out of the county—Frank Smith, from Vincent to Reeders.

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SUMTER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, J. C. McDaniel, York; Vice-President, J. F. Jones, Cuba; Secretary, W. J. McCain, Livingston; Treasurer, W. J. McCain, Livingston; County Health Officer, D. S. Brockway, Livingston; City Health Officers, W. J. McCain, Livingston; R. H. Hale, York; J. K. Miller, Epes; R. E. Harwood, Gainesville. Censors—W. J. McCain, Chairman, Livingston; D. S. Brockway, Livingston; R. E. Harwood, Gainesville; J. P. Scales, Livingston; A. L. Vaughan, Cuba.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Walter Earl, mc Alabama 16, State Board 16, Ward.
Brockway, Dudley Samuel, mc Jefferson 81, cb 81, Livingston.
Hale, Robert Eugene, mc Chattanooga 04, cb Cullman 04, Bellamy.
Hale, Robert Haddon, mc univ Louisville 79, cb 80, York.
Harwood, Robert Ellyson, mc Alabama 00, cb 00, Gainesville.
Hester, Forest Lee, mc univ Tennessee 06, cb 06, Coatopa, R. F. D.
Jones, Joseph Francis, mc Atlanta 01, cb Jefferson 01, Cuba, R. F. D. 1.
Moore, Ernest Abram, mc Louisville 06, cb Hale 06, Coatopa.
Lamkin, Theodore, mc Birmingham 10, State Board 10, Bellamy.
McCain, William Jasper, mc Alabama 91, cb 91, Livingston.
McDaniel, Joseph Columbus, mc Alabama 04, cb 04, York.
Minus, Joseph A., mc Birmingham 08, State Board 08, Epes.
Scales, John Perkins, mc Louisville 97, cb 97, Livingston.
Vaughan, Amos Lemuel, mc univ Louisville 84, cb 84, Cuba.
Young, Robert L., mc Alabama 88, cb Choctaw 88, Panola.
Total, 15.

PHYSICIANS NOT MEMBERS.

Boyd, Austin Francis, mc Alabama 14, State Board 14, Emelle.
Gibbs, Jesse Augustus, mc Alabama 07, cb Sumter 07, Gainesville.
Hall, Thomas Owen, mc Alabama 03, cb 03, Ward.
Hearn, W. T., mc Louisville 82, cb Sumter 82, York.
Jones, B. T., mc Alabama 86, cb 86, Geiger.
Knighton, Thomas A., mc Louisville 89, cb Choctaw 90, York.
Miller, James Kearney, mc Nashville 05, cb Jefferson 05, Epes.

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Oswalt, George Guy, mc Alabama 14, State Board 14, York.
Reed, John H. G., mc univ Louisville 90, cb Pickens 90, Epes.
Spratt, Robert D., mc Tulane 02, retired P. H. S., Livingston.
Swain, Simeon Sebastion, mc Alabama 01, cb 01, Emelle.
Total, 11.

Moved into the county—T. O. Hall, from Mississippi to Ward.

Moved out of the county—Wilson Thomas Deaver, to Bessemer; James M. McElroy, to Gadsden; William Joseph Wrenn, to Bessemer.

TALLADEGA COUNTY MEDICAL SOCIETY—Anniston, 1886.

OFFICERS.

President, C. L. Salter, Talladega; Vice-President, R. D. Porch, Sylacauga; Secretary, W. E. Burt, Talladega; Treasurer, D. B. Harris, Munford; County Health Officer, W. E. Burt, Talladega; City Health Officers, W. E. Burt, Talladega; D. B. Harris, Munford; W. H. Boozer, Sylacauga; B. McLaurin, Lincoln; J. O. Handley, Sycamore; L. S. Fennell, Ironaton; W. H. Hutchinson, Childersburg. Censors—C. L. Salter, Chairman, Talladega; D. P. Dixon, Talladega; B. B. Warwick, Talladega; F. H. Craddock, Sylacauga; J. P. Colvin, Lincoln.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Boozer, W. H., mc Atlanta 09, State Board 09, Sylacauga.
Boyd, Fred W., mc univ Alabama 06, cb Talladega 06, Talladega.
Burt, William Elbert, mc Tulane 06, State Board 05, Talladega.
Casey, Walter G., mc univ of South 06, cb Marshall 06, Alpine.
Cason, Eugene P., mc Alabama 90, cb St. Clair 90, Talladega.
Castleman, Howell Lea, mc univ of South 01, cb Hale 01, Sylacauga.
Colvin, James Pickett, mc Kentucky School Med. 91, cb Macon 91, Lincoln.
Craddock, Felix Hood, mc Vanderbilt 95, cb 95, Sylacauga.
Craddock, French H., mc Tulane 12, State Board 14, Sylacauga.
Dixon, Duncan Patterson, mc Tulane 01, cb 01, Talladega.
Fennell, Lawrence S., mc Birmingham 10, State Board 10, Ironaton.
Handley, John O., mc Memphis Hosp. 04, cb Marion 04, Sycamore.

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Harris, Daniel Blake, mc Sou. Med. of Atlanta 99, cb 99, Munford.
Heacock, John W., mc Tulane 66, cb 86, Talladega.
Hill, James H., mc Birmingham 09, State Board 09, Lincoln.
Hutchinson, William H., mc Chattanooga 93, cb St. Clair 97, Childersburg.
Lane, Albert W., mc Atlanta 06, State Board 10, Lincoln.
Miller, Eugene S., ng, State Board 08, Gantt's Quarry.
Miller Eugene S., ng, State Board 08, Alpine.
Moore, Carey W. C., mc Birmingham 13, State Board 14, Talladega Springs.
McLaurin, Bernard, mc Birmingham 10, State Board 10, Lincoln.
Naff, John M., mc Vanderbilt 85, cb Jefferson 85, Childersburg, R. F. D.
Porch, Ralph Douglas, mc univ Louisville 07, cb Tallapoosa 07, Sylacauga.
Pruet, Madison Jasper, mc Memphis Hospital 96, cb Clay 96, Ironaton.
Salter, Clarence L., mc univ Alabama 11, State Board 11, Talladega.
Sherrer, Moses E., mc Chattanooga 08, State Board 10, Childersburg.
Simms, Benjamin Britt, mc Jefferson 85, cb Coosa 86, Talladega.
Sims, Albert G., mc univ Nashville 05, cb 05, Ironaton.
Sims, James Anthony, mc univ Nashville 07, cb 07, Renfro.
Warwick, Bishop B., mc Tulane 02, cb 02, Talladega.
Welch, Samuel Wallace, mc P. & S. Baltimore 93, cb 93, Talladega.
Wood, Isaac D., mc univ of South 02, cb 02, Sylacauga.
Total, 32.

PHYSICIANS NOT MEMBERS.

Brooks, Alpheus Olin, mc Atlanta 87, cb Clay 87, Lincoln, R. F. D. 1.
Brothers, Warren H. (col.), mc Meharry 08, State Board 08, Talladega.
Brummit, W. H., mc Meharry 04, cb 04, Talladega.
Coker, W. F., ng, cb 87, Lincoln.
Jones, Elisha Henry, univ West Tennessee 09, State Board 09, Talladega.
Martin, John H., mc univ Alabama 99, cb Blount 99, Talladega Spgs.
Wren, Edward Bates, mc Alabama 90, cb 90, Talladega.
Total, 7.

Moved into the county—M. J. Pruet, from Clay county to Ironaton; W. H. Boozer, from Calhoun county to Sylacauga; Albert G. Sims, from Alabama City to Ironaton.

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Moved out of the county—David C. Batson, from Gantt's Quarry to New York City; Wade H. Brannon, from Sylacauga to Anniston; Jesse Pugh Chapman, from Talladega to Birmingham.

TALLAPOOSA COUNTY MEDICAL SOCIETY—Selma, 1879.

OFFICERS.

President, A. J. Sanders, Notasulga, Route 1; Vice-President, W. D. Wood, Camp Hill; Secretary, W. E. Maxwell, Alexander City; Treasurer, J. W. McClendon, Dadeville; County Health Officer, C. C. Fargason, Camp Hill; City Health Officers, W. D. Wood, Camp Hill; J. W. McClendon, Dadeville; E. K. Hodge, Daviston; W. E. Maxwell, Alexander City. Censors—A. L. Harlan, Chairman, Alexander City; J. W. McClendon, Dadeville; H. T. Hamner, Camp Hill; S. H. Newman, Dadeville; J. A. Goggans, Alexander City.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Allen, Larcus B., mc Tulane 12, State Board 13, Alexander City.

Banks, Michael Joseph, mc Atlanta 90, cb ...., Jackson's Gap.

Banks, Joseph Todd, mc Atlanta P & S. 13, State Board 13, Dadeville, R. 4.

Carleton, W. G., mc Vanderbilt 82, cb 82, Dadeville.

Chapman, James A., mc Alabama 05, cb 05, Alexander City, Route 7.

Dean, Neal Baker, mc Tulane 05, cb 05, Alexander City.

Fargason, Crayton C., mc P. & S. Atlanta 04, cb 04, Dudleyville.

Foshee, Reuben A., mc Alabama 07, cb 07, Alexander City, R. F. D. 5.

Goggans, James Adrian, mc univ New York 77, cb 82, Alexander City.

Hamner, Harper Taliaferro, mc Vanderbilt 89, cb Chambers 90, Camp Hill.

Hamner, Lewis Herschel, mc Vanderbilt 16, State Board 16, Camp Hill.

Harlan, Aaron LaFayette, mc Alabama 86, cb 86, Alexander City.

Hart, Eugene Walker, mc univ Baltimore 91, cb 91, Dadeville. R. F. D. No. 1.

Heard, Wilbur L., mc univ of Alabama 14, State Board 14, Camp Hill.

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Hodge, Emory King, mc Atlanta Sch. Med. 09, State Board 09, Daviston.

Langley, W. Theodore, mc Alabama 99, cb 99, Camp Hill.

Maxwell, Wm. Elmore, mc Jefferson 85, cb 85, Alexander City.

McClendon, Jos. Wiley, mc Jefferson 88, cb 88, Dadeville.

Motley, Jos. Pendleton, mc Atlanta 86, cb 86, Wadley, R. F. D.

Newman, Samuel Harris, mc Memphis Hosp. 98, cb Chambers 98, Dadeville.

Nolen, Isaac D., mc Louisville 92, cb Coosa 92, Alexander City, R. F. D. 5.

Radford, Geo. Clements, ng, cb Clay 87, Alexander City, R. F. D. 2.

Reagan, Onslow, ng, cb 82, Alexander City.

Sanders, Andrew Jordan, mc univ Tennessee 94, cb Chambers 94, Notasulga, R. F. D. No. 1.

Shepard, Orlando Tyler, mc Gaffenberg 61, cb 82, Dadeville.

Street, Thomas Hezekiah, mc Jefferson 00, cb 00, Alexander City.

Vines, Geo. Washington, mc Tulane 72, cb 82, Dadeville.

Waddell, Henry G., mc Vanderbilt 14, State Board 14, Alexander City.

Walls, J. J., mc univ of Alabama 16, State Board 16, Alexander City,

Warren, William Allen, Alabama 85, cb Elmore 85, East Tallassee.

Wood, Wiley Dennis, mc Alabama 08, State Board 09, Camp Hill.

Total, 31.

PHYSICIANS NOT MEMBERS.

Jowers, Soloman F., mc Atlanta 85, cb Coosa 85, Elmore, R. F. D.

Coker, Robert Harold, mc univ Alabama 14, State Board 15, E. Tallassee.

Moved into the county—W. L. Heard, from Mt. Vernon to Camp Hill; J. J. Walls, from Hackneyville to Alexander City.

Moved out of the county—J. O. Griffin, from Hackneyville to Goodwater; W. S. Johnson, from Notasulga to Tallassee.

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TUSCALOOSA COUNTY MEDICAL SOCIETY—Birmingham, 1877.

OFFICERS.

President, D. W. Ward, Tuscaloosa; Vice-President, Toombs Lawrence, Tuscaloosa; Secretary, Maxwell Moody, Tuscaloosa; Treasurer, Maxwell Moody, Tuscaloosa; County Health Officer, D. C. Steelsmith, Tuscaloosa; City Health Officer, D. C. Steelsmith, Tuscaloosa. Censors—Joseph H. Cooper, Chairman, Tuscaloosa; Joseph E. Shirley, Tuscaloosa; J. Hester Ward, Tuscaloosa; Geo. H. Searcy, Tuscaloosa; T. H. Patton, Tuscaloosa.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bealle, James S., mc univ of Nashville 06, cb Tuscaloosa 06, Holt.
Bell, Chas. P., mc univ of Nashville 03, cb Tuscaloosa 03, Northport.
Brown, Chas. C., mc univ of South 05, cb St. Clair 05, Coker.
Boothe, James L., mc Birmingham Med. 11, State Board 11, Buhl.
Carpenter, Burwell S., mc Alabama 05, cb Pickens 05, Yolande.
Collier, Dana M., mc Birmingham 14, State Board 14, Tuscaloosa.
Cooper, Joseph H., mc Grant 04, cb Cullman 04, Tuscaloosa.
Cork, Cornelius L., mc Memphis 04, cb Greene 04, Jena.
Davis, James F., mc Alabama 07, cb Hale 07, Tuscaloosa.
Deal, William W., mc univ of Alabama 04, cb Mobile 04, Buhl.
Durrett, James J., mc Harvard 14, State Board 14, Tuscaloosa.
Elgin, Clarence E., mc Nashville 05, cb Tuscaloosa 07, Searles.
Elliott, Joseph B., mc univ Alabama 05, cb Hale 05, Vance.
Faulk, Wm. Mark, mc Alabama 97, cb Barbour 97, Tuscaloosa.
Fitts, Alston, mc P. & S. New York 95, cb Tuscaloosa 00, Tuscaloosa.
Grove, Lonnie W., mc Alabama 12, cb State Board 12, Tuscaloosa.
Hausman, Frank, mc Alabama 93, cb Tuscaloosa 93, Tuscaloosa.
Hardin, Samuel T., mc Alabama 14, State Board 14, Northport.
Harris, E. N., mc Birmingham 07, cb Lamar 07, Richey.
Killian, Artemus D., mc univ South 01, cb DeKalb 01, Holt.
Kirk, Arthur A., mc Alabama 97, cb Pickens 97, Tuscaloosa.
Lawrence, Toombs, mc Birmingham 12, State Board 12, Tuscaloosa.
Leach, Sidney, mc univ Virginia 96, cb 97, Tuscaloosa.
Little, John, mc Louisiana 69, cb Tuscaloosa 78, Tuscaloosa.
Maxwell, Joseph Alston, mc Tulane 09, State Board 09, Tuscaloosa.

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Mayfield, Surry F., mc Tulane 96, cb Tuscaloosa 96, Tuscaloosa.
Merriam, Geo. C, mc P. & S. Atlanta 02, State Board 02, Kellerman.
Moody, Maxwell, mc Tulane 13, State Board 14, Tuscaloosa.
Nichols, Andrew Berry Crook, mc Philadelphia 69, cb Tuscaloosa 78, Tuscaloosa.
Odom, Stanley Gibson, mc Birmingham 13, State Board 16, Tuscaloosa.
Patton, Thomas H., mc Tulane 12, State Board 13, Tuscaloosa.
Patton, Madison Knox, mc Tulane 91, cb Greene 91, Foster.
Partlow, William D., mc Alabama 01, cb St. Clair 01, Tuscaloosa.
Partlow, Rufus C., mc Birmingham 12, State Board 13, Tuscaloosa.
Rau, George R., mc univ of South 94, cb Tuscaloosa 94, Tuscaloosa.
Rice, Clarence, mc Alabama 95, cb Autauga 95, Tuscaloosa.
Searcy, James Thomas, mc univ of New York 67, cb Tuscaloosa 78, Tuscaloosa.
Searcy, Geo. H., mc univ of Michigan 01, cb Tuscaloosa 01, Tuscaloosa.
Searcy, Harvey Brown, mc univ of Michigan 07, cb Tuscaloosa 07, Tuscaloosa.
Shirley, Joseph Emil, cb Alabama 09, cb Tuscaloosa 10, Tuscaloosa.
Sommerville, James H., mc Alabama 06, cb Pickens 06, Tuscaloosa.
Ward, John Hester, mc univ of South 00, cb Tuscaloosa 00, Tuscaloosa.
Ward, D. Webster, mc Birmingham 06, cb Tuscaloosa 06, Tuscaloosa.
Wheat, James M., mc univ of Nashville 07, cb Tuscaloosa 07, Coker, R. F. D. No. 1.
Total, 44.

PHYSICIANS NOT MEMBERS.

Bell, Claud, mc Chattanooga 04, cb Pickens 04, Tuscaloosa.
Busbee, Stephen S., mc Birmingham 08, State Board 08, Berry, R. F. D.
Cannon, Daniel Pugh, mc Vanderbilt 95, cb Bibb 95, Coaling.
Christian, Jas. S., mc Birmingham 12, State Board 12, Berry, R. F. D. 2.
Collins, Herbert, mc univ South 06, State Board 07, Brookwood.
Deal, Seaborne E., mc univ of Alabama 94, cb Tuscaloosa 94, Buhl.
Doughty, Willie B., mc Louisville 96, cb Fayette 96, New Lexington.
Guin, James C., mc univ of Nashville 09, State Board 09, Moores Bridge.

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Hagler, Edward C., mc univ Alabama 04, cb 04, Northport.
Hall, George Washington, mc Birmingham 14, State Board 15, Echola.
Hamner, Samuel C., mc univ of Alabama 09, State Board 09, Randolph.
Martin, Charles P., mc Vanderbilt 00, cb Bibb 01, Rock Castle.
Milner, Geo. Marvin, mc Birmingham Med. 00, cb Lamar 00, Greely.
Mills, Joel, ng, Old Law, Elrod.
Mitchell, Bruce B. (col.), mc Meharry 03, cb Lamar 03, Tuscaloosa.
McKenzie, Andrew B. (col.), mc Shaw, State Board 12, Tuscaloosa.
Norris, James Nathan, mc Nashville 09, State Board 09, Samantha.
Owens, Jno. H., mc Memphis 99, cb Tuscaloosa 99, Hagler.
Pruitt, Eba A., mc univ Alabama 00, cb Calhoun 00, Cottondale, R. 2.
Shamberger, Wm. Brantley, mc Louisville 84, State Board 84, Cottondale.
Smothers, W. J., mc univ Alabama 85, cb ..... 85, Moores Bridge.
Stewart, Oscar E., mc Chattanooga 06, cb 06, New Lexington.
Weaver, Geo. A., mc Howard 97, cb 98, Tuscaloosa.
Total, 21.

WALKER COUNTY MEDICAL SOCIETY—Mobile, 1876.

OFFICERS.

President, H. G. Camp, Manchester; Vice-President, T. P. Deweese, Gamble Mines; Secretary, J. L. Sowell, Jasper; Treasurer, J. L. Sowell, Jasper; County Health Officer, H. J. Sankey, Jasper; City Health Officer, H. J. Sankey, Jasper, for every municipality in the county. Censors—J. A. Goodwin, Chairman, Jasper; H. J. Sankey, Jasper; J. A. Miller, Cordova; W. M. Cunningham, Corona; A. M. Stovall, Jasper.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Alexander, James F., mc Vanderbilt 93, cb Colbert 94, Jasper.
Ashmore, Bryant T., mc Grant univ 01, cb Fayette 02, Eldridge.
Auxford, Frank O., mc Atlanta 93, cb Tuscaloosa 95, Quinton.
Ballenger, J. W., Vanderbilt 84, cb Cullman 87, Carbon Hill.
Blanton, Frank, mc Grant univ 03, cb Lamar 06, Saragossa.

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Busby, Elias Dempson, mc Birmingham 10, State Board 11, Parrish, R. F. D.

Camak, David Hubbard, Old Law 76, cb 84, Jasper.

Camp, Henry Garson, mc Birmingham 08, State Board 08, Manchester.

Chilton, David Houston, mc Atlanta Col. P. & S. 02, cb 02, Patton.

Crowe, Pink P., mc univ Nashville 77, cb St. Clair 78, Dora.

Cunningham, Wm. Moody, mc Vanderbilt 84, cb 84, Corona.

Davis, Daniel M, mc South. Med. Atlanta 89, cb 94, Cordova.

Davis, James Haygood, mc univ Alabama 12, State Board 13, Jasper.

Deweese, Thomas Peters, mc Vanderbilt 85, cb 85, Gamble Mines.

Gallagher, John Larkin, mc Alabama 92, cb 92, Eldridge.

Gilder, George Suttle, mc Alabama 93, cb 94, Carbon Hill.

Goodwin, Joseph Anderson, mc Alabama 74, cb 78, Jasper.

Gravlee, William L., mc univ Nashville 82, cb 82, Townley (retired).

Jackson, Charles Beaufort, mc Atlanta 86, cb Tallapoosa 86, Jasper.

Johnson, Harvey Calloway, ng, cb Cullman 80, Nauvoo.

Jones, Giles W., mc Grant univ 01, cb 08, America.

Maddox, Stephen Edw., mc Grant univ 01, cb Lamar 01, Carbon Hill.

Manasco, John, mc Old Law 76, cb 81, Townley.

Manasco, Orizaba, mc Birmingham 05, cb 05, Townley.

Manasco, Titus, mc Memphis Hosp. 97, cb 97, Carbon Hill.

Miller, John Melville, mc Vanderbilt 85, cb 85, Cordova.

Moon, J. P., mc Grant univ 99, cb Cullman 00, Manchester, R. F. D.

McCalip, Edwin L., mc univ Nashville 09, State Board 10, Sipsey.

McCullar, James Alexander, mc Vanderbilt 99, cb Winston 99, Carbon Hill.

Odom, James Ivan, mc Memphis Hosp. 98, cb 01, Parish.

Owens, Herndon Gaines, mc univ Alabama 08, State Board 08, Dora.

Phillips, Alfred B., mc Vanderbilt 83, cb 85, Dora.

Posey, Benj. Franklin, mc Birmingham 10, State Board 10, America.

Shackelford, Clarence W., mc Tulane 11, State Board 14, Jasper.

Sankey, Howard J., mc univ Alabama 01, cb Choctaw, 01, Nauvoo.

Sankey, Joseph Malloy, mc univ of Alabama 04, cb Macon 04, Nauvoo.

Shepherd, R. Herbert, mc Birmingham 10, State Board 10, Townley.

Sowell, James Lawrence, mc Tulane 91, cb Monroe 91, Jasper.

Sowell, Walter Scott, mc Alabama 99, cb Tuscaloosa 99, Empire.

Stephenson, Hugh Watson, mc Alabama 80, cb Lawrence 88, Oakman.

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Stovall, Andrew McAdams, mc Louisville 80, cb 81, Jasper.
Tait, Porter King, mc Birmingham 08, cb Wilcox 08, Dora.
Tubb, Erastus Hardy, mc Grant univ 03, cb 06, Cordova.
Thweatt, Daniel Harman, mc Birmingham 15, cb 16, Parish, R. F. D.
Waldrop, Allen Marion, mc univ of South 08, State Board 09, Cordova.
Woodson, John Landon, mc Vanderbilt 92, cb 93, Oakman.
Williams, Victor Hugo, mc Birmingham 08, State Board 07, Jasper.
York, Aaron Albert, mc Birmingham 06, cb 06, Empire.
Total, 48.

PHYSICIANS NOT MEMBERS.

Buckelew, A. M., mc Louisville univ 70, cb 86, Jasper.
Hendon, A. L., ng, cb 75, Townley.
Statum, Job Nelson, mc Atlanta Sou. 88, cb Jefferson 88, Quinton, R. F. D.
Whitney, Ollie H., mc Louisvile 90, cb Fayette 90, Carbon Hill.
Woods, R W., mc Louisville Med. 81, cb Fayette 81, Jasper.
Total, 5.

Moved into the county—S. S. Buzbee, from Berry, R. F. D., Tuscaloosa county; J. E. Busby; J. M. Sankey, from Macon county to Nauvoo; John W. Wilkinson; W. A. Sparks.

Moved out of the county—C. A. Grote, to Huntsville, Madison county; S. S. Shores, to Arkadelphia, Cullman county.

Died—J. N. Odom.

WASHINGTON COUNTY MEDICAL SOCIETY—Tuscaloosa, 1887.

OFFICERS.

President, A. J. Wood, Frankville; Vice-President, W. A. Thompson, Vinegar Bend; Secretary, W. J. Blount, Healing Springs; Treasurer, W. J. Blount, Healing Springs; County Health Officer, J. Chason, Chatom. Censors—W. A. Thompson, Chairman, Vinegar Bend; G. C. McCrary, Wagar; W. J. Blount, Healing Springs; W. E. Kimbrough, St. Stephens, J. Chason, Chatom.

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NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blake, Theodore M., mc Alabama 00, cb Baldwin 03, Fruitdale.
Blount, William James, mc Alabama 10, State Board 10, Healing Springs.
Breland, E. E., mc Barnes univ 03, cb Baldwin 03, Millry.
Chason, John, mc Louisville 05, cb 05, Chatom.
Kimbrough, William E., mc Alabama 83, cb Wilcox 87, St. Stephens.
Kimbrough, William E., Jr., mc Alabama 15, State Board 15, Chatom.
McCrary, Gaines C, mc Alabama 07, State Board 07, Wagar.
Palmer, Ransom Dabney, mc Tulane 86, cb Wilcox 86, Carson.
Thompson, William A., mc univ Tennessee 04, cb Baldwin 04, Vinegar Bend.
Webb, Francis Asbury, mc Alabama 81, cb 91, Calvert.
Wood, John Wesley, mc Virginia 60, cb 87, Dunbar.
Wood, Andrew J., mc Alabama 01, cb 01, Frankville.
Total, 12.

Moved out of the county—Daniel J. Long.

WILCOX COUNTY MEDICAL SOCIETY—Eufaula, 1878.

OFFICERS.

President, J. G. Donald, Pine Apple; Secretary, J. Heustis Jones, Camden; Treasurer, J. Heustis Jones, Camden; County Health Officer, Erskine Bonner, Camden; City Health Officers, W. B. Jones, Camden; P. E. Godbold, Pine Hill; Jos. G. Donald, Pine Apple; W. R. Roberts, McWilliams. Censors—J. C. Benson, Chairman, Camden; S. S. Boykin, Oak Hill; L. H. Mayo, Pine Hill; Z. Moore, Lamison; P. V. Spier, Furman.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Bonner, Ernest, mc Bellevue 98, cb 04, Camden.
Boykin, Samuel Swift, mc Mobile 96, cb Mobile 99, Oak Hill.
Burroughs, Wm. M., mc univ Tennessee 91, cb Clarke 92, Pine Hill.
Burson, Ellis G., mc Alabama 06, cb Monroe 06, Furman.
Curtis, Alonzo Bittle, mc Alabama 82, cb 82, Lower Peach Tree.
Donald, Erskine G., mc Alabama 93, cb Butler 93, Pine Apple.

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Fudge, Walter, mc Alabama 09, State Board 09, Lamison.
Gaston, David F., mc univ Louisiana 82, cb 82, Gastonburg.
Gibson, Albert M., mc Alabama 85, cb 88, Lower Peach Tree.
Godbold, John C., Sr., mc Alabama ng, cb 79, Coy.
Godbold, Percy E., mc P. & S. Atlanta 02, cb Marengo 02, Pine Hill.
Hope, John C., mc Alabama 08, State Board 09, Sunny South.
Jones, J. Hall, mc Alabama 12, State Board 14, Oak Hill.
Jones, J. Heustis, mc Tulane 01, cb 01, Camden.
Jones, Thos. Warburton, mc Columbia univ P. & S. 90, cb 90, Camden.
Jones, Winston B., mc Tulane 01, cb 01, Camden.
Kimbrough, Flavius Franklin, mc Tulane 89, cb 90, Kimbrough.
King, Edwin D., mc Alabama 81, cb 84, Lower Peach Tree.
Mayer, Kossuth A., mc Memphis Hosp. 00, cb 00, Lower Peach Tree.
Mayo, L. H., mc Alabama 06, cb Marengo 06, Pine Hill.
Moore, Will W., mc Vanderbilt 96, cb 96, Camden.
Moore, Zadok, mc Alabama 95, cb 95, Lamison.
McIntosh, E. L., mc Atlanta 02, cb 02, Catherine.
McMillan, Chas. H., mc Alabama 09, State Board 09, Bellview.
McWilliams, Richard C., mc Alabama 02, cb 12, Camden.
Palmer, W. B., mc Tulane 98, cb Dallas 00, Furman.
Perdue, James D., mc univ of Alabama 13, State Board 13, Furman.
Roberts, W. P., mc Memphis Hosp. 04, cb 04, McWilliams.
Speir, Phillip V., mc Alabama 00, cb 00, Furman.
Speir, Ross C., mc univ Louisville 08, State Board 08, Furman.
VandeVoort, Horace, mc univ Alabama 10, State Board 13, Gastonburg.
Williams, Eugene E., mc Alabama 04, cb 04, Ackerville.
Total, 32.

Died—James C. Benson, Camden. Dr. Benson died after this report was filed.

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WINSTON COUNTY MEDICAL SOCIETY—Montgomery, 1888.

OFFICERS.

President, Millard L. Stephens, Haleyville; Vice-President, Thos. M. Blake, Double Springs; Secretary, W. E. Howell, Haleyville; Treasurer, W. E. Howell, Haleyville; County Health Officer, Thos. M. Blake, Double Springs; City Health Officer, Joseph C. Taylor, Haleyville. Censors—J. D. Lee, Chairman, Haleyville; W. R. Bonds, Double Springs; C. A. Olivet, Haleyville; W. E. Howell, Haleyville; J. C. Taylor, Haleyville.

NAMES OF MEMBERS, WITH THEIR COLLEGES AND POSTOFFICES.

Blake, Thomas M., mc univ Nashville 07, cb 07, Double Springs.
Bonds, William Riley, mc Alabma 92, cb 92, Double Springs.
Hill, Robert Lee, mc Birmingham 09, State Board 09, Lynn.
Howell, William Edward, mc Birmingham 00, cb 00, Haleyville.
Lee, John David, mc Memphis Hospital 00, cb Franklin 01, Haleyville.
Miller, Robert Hyndman, mc Chattanooga 02, cb Fayette 06, Addison.
Olivet, Chas. Alonzo, mc univ Nashville 06, cb 06, Haleyville.
Roden, Benjamin Wallace, ng, cb Marion 89, Haleyville.
Stephens, Millard Lafayette, mc Birmingham 09, State Board 09, Haleyville.
Taylor, Joseph Calhoun, mc Alabama 88, cb Winston 89, Haleyville.
Welborn, Thomas P., non-graduate, cb 02, Double Springs.
Total, 11.

PHYSICIANS NOT MEMBERS.

Snow, William R., mc Chattanooga 08, State Board 13, Fall City.

Moved out of the county—William Perry Johnson, from Addison to Cullman county.

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